

CITY OF BATH



ANNUAL REPORT

OF THE

Medical Officer of Health

AND

PRINCIPAL

SCHOOL MEDICAL OFFICER

AND OF THE

CHIEF SANITARY INSPECTOR

(A. Tyler, M.B.E., F.R.S.I., F.S.I.A., M.R.S.A.)

FOR THE YEAR

1954

B. A. Astley Weston, M.B., Ch.B., D.P.H.

Medical Officer of Health

and Principal School Medical Officer

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CITY OF BATH.

December, 1954

Mayor : Councillor W. H. GALLOP.

HEALTH COMMITTEE.

Chairman : Mrs. Councillor E. M. WILLIAMS.

The Mayor ; Aldermen J. W. Andrews, W. Barrett.

Councillors :—A. L. Bird, S. D. Chappell, A. N. Dix, C. E. S. Dodd,
K. J. Gray, E. G. Haskins, Miss A. M. Hicks, T. Jones,
C. E. Kindersley, F.R.C.S., Mrs. H. E. Miles, E. W. A. Mortimer,
E. Paul, L. St. V. Powell, W. H. Rossiter, S. A. Smith,
L. W. H. Wheeler.

Co-opted Members :—

Mr. R. Brain,	Dr. K. Caddick,	Mr. T. J. Cornish,
Dr. W. B. S. Crawford,	Miss K. M. Ealand,	Mr. S. P. Ellis,
Mrs. E. Millen,	Mr. K. G. Pascall, F.R.C.S.,	Mr. E. W. Smith,
	Mrs. J. Wesley Whimster.	

Sub-Committees :—

HEALTH SERVICES :

Alderman W. Barrett.

Councillors :—C. E. S. Dodd, T. Jones, C. E. Kindersley, F.R.C.S.,
E. Paul, S. A. Smith, L. W. H. Wheeler, Mrs. E. M. Williams.
Mr. R. Brain, Dr. K. Caddick, Dr. W. B. S. Crawford,
Miss K. M. Ealand, Mr. S. P. Ellis, Mrs. E. Millen.

MENTAL HEALTH SERVICES :

Alderman W. Barrett.

Councillors :—A. N. Dix, K. J. Gray, T. Jones, Mrs. H. E. Miles,
L. St. V. Powell, W. H. Rossiter, Mrs. E. M. Williams.
Dr. K. Caddick, Mr. T. J. Cornish, Mr. E. W. Smith,
Mrs. J. Wesley Whimster.

SANITARY AND GENERAL PURPOSES :

Aldermen J. W. Andrews, W. Barrett.

Councillors :—A. L. Bird, S. D. Chappell, E. G. Haskins, Miss
A. M. Hicks, T. Jones, Mrs. H. E. Miles, E. W. A. Mortimer,
L. St. V. Powell, L. W. H. Wheeler, Mrs. E. M. Williams.
Mr. R. Brain.

SPECIAL SUB-COMMITTEE *re* HEALTH CENTRES :

Alderman W. Barrett.

Councillors :—T. Jones, C. E. Kindersley, F.R.C.S., S. A. Smith,
Mrs. E. M. Williams.
Mr. T. J. Cornish, Dr. W. B. S. Crawford,

HOUSING COMMITTEE.

Chairman : Alderman S. DAY.

The Mayor ; Aldermen S. J. Amblin, J. W. Andrews.

Councillors :—

Mrs. A. M. Fitzjohn, M. L. Giles, Mrs. G. Maw, E. W. A. Mortimer
L. St. V. Powell, A. E. Whitcher.

Co-opted Members :—

Mrs. F. E. Coltart

Mrs. D. Smithard

STAFF. December, 1954.

PUBLIC HEALTH DEPARTMENT.

Medical Officer of Health and Principal School Medical Officer.

B. A. Astley Weston, M.B., Ch.B., D.P.H.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer.

L. F. McWilliams, M.C., M.B., B.Ch., D.P.H. (to 20.3.54)

N. Newman, M.B., Ch.B., D.P.H. (from 1.6.54).

Assistant Medical Officers :

Irene M. Leach, M.B., Ch.B., D.C.H.

Helen M. H. Mack, M.B., Ch.B.

City Analyst : G. V. James, M.B.E., M.Sc., Ph.D., F.R.I.C.

Chief Sanitary Inspector :

A. Tyler, M.B.E., F.R.San.I., F.S.I.A., M.R.S.A (Scot.).

Deputy Chief Sanitary Inspector :

G. W. Dhenin, M.R.San.I., M.S.I.A.

District Sanitary Inspectors :

R. W. L. Read, D.P.A., M.S.I.A.

R. J. Pendlebury, D.P.A., M.S.I.A.

F. C. Hills, M.S.I.A.

D. G. I. Smith, D.P.A., M.S.I.A.

R.E. Adams, M.S.I.A.

Rodent Officer : R. E. Hanham.

Senior Health Visitor :

Miss N. M. Hill, S.R.N., S.C.M., H.V.Cert.

Health Visitors (and School Nurses) :

Mrs. G. Chinnery, S.R.N., S.C.M., H.V.Cert.

Miss P. Silby, S.R.N., S.C.M., H.V.Cert.

Miss B. J. Macquillan, S.R.N., S.C.M., H.V.Cert.

Miss D. Milsom, S.R.N., S.C.M., H.V.Cert.

Miss S. E. Jones, S.R.N., S.C.M., H.V.Cert.

Miss D. A. Peadon, S.R.N., S.C.M., H.V.Cert.

Miss M. E. Bodys, S.R.N., S.C.M., H.V.Cert.

Miss E. J. Osborne, S.R.N., S.C.M., H.V.Cert. (from 4.10.54).

Tuberculosis Health Visitor :

Miss J. E. Bailey, S.R.N., S.C.M., H.V.Cert., T.A. (Cert.)

(from 21.6.54).

Mental Health Officers :

R. L. Reddish, Dip.Soc.Sc., R.M.N.

J. G. McLeod, S.R.N., R.M.N.

Psychiatric Social Worker :

Miss M. Phillips (part-time from 1.7.54).

Supervisor, Occupation Centre :

Mrs. D. Denyer.

Assistants, Occupation Centre :

Mrs. F. E. Tavender

Miss W. M. Piper

Matron, Riverside Day Nursery :

Mrs. H. Hunt, S.R.N.

Clerks :

C. J. Taylor, D.P.A.,

Chief Clerk.

Mrs. R. Dolman

Miss J. M. Double

T. Hemmings

Mrs. D. Corless

R. G. Lavis, D.P.A.

A. Ashman

Miss B. Barber

Mrs. H. M. Welch

Miss M. Perkins

B. Morgan

Miss B. White

J. Brann

Miss R. M. Case

Superintendent of Council Midwives and Home Nurses :

Miss A. Cook, S.R.N., S.C.M.

Deputy Superintendent :

Miss E. M. Vigar, S.R.N., S.C.M.

Council Midwives :

Mrs. M. E. Harris, S.C.M., Miss J. A. Young, S.C.M.,

Miss R. M. Purnell, S.R.N., S.C.M.

Home Help Organiser :

Mrs. E. M. Reeves

The Staff of the School Medical Department is given separately (page 89)

TO HIS WORSHIP THE MAYOR, THE ALDERMEN AND COUNCILLORS OF
THE CITY OF BATH.

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present the Report of the Medical Officer of Health for the year 1954. For ease of reference the Report is given in the form that has been used for several years; it gives much statistical information about the state of the population of the City and the factors affecting the health of the people. The Chief Sanitary Inspector's report for the year concerning Housing and Sanitation is also given, together with the Report to the Education Committee on the Health of School Children. The Report thus comprises in one volume much valuable information on the environment and health of each section of the population and provides for you data which I hope will be of value.

I am personally indebted to the Chief Clerk, Mr. Taylor, for doing the hard work of preparing the statistical details and revising and, where necessary, re-writing much of the text. The whole staff of the Department, both technical and clerical, has worked most conscientiously during the year, not only in collecting and recording details but in dealing with the many personal problems of individual citizens. I am glad to be able to put on record that it is the aim of the Department to deal with these personal problems in a sympathetic manner.

While it is frequently difficult not to become immersed in the human difficulties of individuals, it is our primary object to eliminate those factors which are harmful to health and happiness, and to make it possible for people of all categories to understand and to use the many benefits of modern medical and scientific knowledge. The report recounts the administrative measures devised for these purposes, and it will I hope be noted that in all sections the underlying purpose is Education in Health.

During the year Dr. McWilliams, the Deputy Medical Officer, secured another post as Medical Officer of Health for the City of Lincoln. During the time he was in the City, Dr. McWilliams gave outstanding service to the Council and the Health Department is indebted to him. Dr. N. Newman was appointed in Dr. McWilliams' place and we wish him every success and happiness in his work in the City.

The pace of modern life causes an increasing strain on the human physique, and particularly the delicate nervous mechanism of the body. Evidence of this is to be found in the increase of cardio vascular diseases and in mental illness. Special importance, therefore, is given to the Mental Health Services which no doubt at a future date will need to be reformed. A most important step in the prevention of mental illness was taken during the year by the appointment of a Psychiatric Social Worker jointly with the Regional Hospital Board. While such an appointment cannot in itself prevent illness it is hoped that among other things it will reveal some of the causes of mental illness.

Housing difficulties must be regarded as one of the major causes of mental strain and subsequent breakdown, therefore an increasing amount of time is given by the Sanitary, Health Visiting and Medical Staff to the investigation of the many different problems put before us.

Although the Health Department is not directly responsible for the care of the aged it is inevitably concerned. The policy of the Health Committee has been to make the surroundings of old people more tolerable through the provision of Domestic Help and Nursing and thus enable them to maintain their independence in comfort and happiness with less strain on Hospitals and Hostels. The Medical profession is particularly concerned that a solution should be found to the problems of the aged.

I am, Mr. Mayor, Ladies and Gentlemen,

Yours faithfully,

B. A. ASTLEY WESTON,

Medical Officer of Health.

Bath, August, 1955.

SUMMARY OF STATISTICS.

City and County Borough of Bath.

Health Resort and Chief Town of Somerset.

Area of the Borough, 6277 Statute acres.

Situation—Latitude 51° 23' N., Longitude 2° 21' W.

Elevation—Varies from 50 feet above sea level on the lower banks of the Bath Avon to about 550 feet on the South and 700 feet on the North.

Mean elevation—269 feet above sea level.

Geological Formation—Oolitic Clays, Limestones and Sands; Lias and Gravel.

Water—Constant service of moderately hard spring water. Corporation Reservoirs have a total capacity of 61,305,000 gallons. Average daily consumption, 1954, 33 39 gallons per head; 1949-53 31.22 gallons.

Sewage disposal almost exclusively by water carriage. Treated at Saltford.

House refuse removed by the Sanitary Authority.

Population 79,294 (1951 Census).

Number of inhabited houses, Census 1951, 21,460 (*i.e.*, structurally separate dwellings occupied by private families). Estimate for 1954, 22,750.

	Years	...	1954.	1953.	Mean of 1946-50.	Mean of 1941-45.
Population { Birth, Marriage and				
Death rates	79,400	79,300	76,820	75,720
Rateable Value in March, 1955	...	£	700,473	690,154	652,914	634,046
Rates—Total per £	22/4	22/4	18/4	12/4
One penny General Rate produced	...	£	2,798	2,758	2,613	2,541
Total net indebtedness March, 1955...	...	£	6,321,858	5,892,600	3,258,818	2,473,380
Ditto per head of Population	...	£	79-12-5	74-6-2	42-15-1	32-19-3
MARRIAGES—Number Registered	557	630	662	657
Rate per 1000 population, Bath	14'0	15'9	17'2	17'3
Ditto, England and Wales	15'4	15'6	17'6	16'8
BIRTHS—Number	...	Bath	1043	1124	1285	1197
Rate per 1000 population	...	"	13'1	14'2	16'8	15'9
Ditto, England and Wales	15'2	15'5	18'0	16'0
Illegitimate births per 1000 infants born	...	Bath	49	49	64	91
DEATHS—Number—Civilian Bath residents	972	1028	1039	1045
Net rate per 1000 population, Bath	12'2	13'0	13'5	13'7
Standardized rate for age and sex	...	"	9'5	10'7	11'2	11'3
England and Wales, Crude Death-rate	11'3	11'4	11'5	11'9
INFANT MORTALITY—	...	Bath	21'1	20'5	32	47
England and Wales	25'5	26'8	36	50
Illegitimate Infants	...	Bath	19'6	60'0	45	111
DEATHS from Diarrhoea & Enteritis (under 2 yrs.)	—	—	2	8
Ditto, Rate per 1000 births, Bath	—	—	1'5	6'8
Ditto, do, England and Wales	0'8	1'1	3'7	5'2
PRINCIPAL CAUSES OF DEATH—
Pulmonary Tuberculosis	10	13	26	39
"Other" Tuberculosis	2	2	4	7
Influenza	2	23	8	16

SUMMARY OF STATISTICS--Continued

Years ...				1954	1953	Mean of 1946-50	Mean of 1941-45
Pneumonia	...	...	...	50	80	45	57
Bronchitis	...	...	...	40	43	24	26
Cancer	...	...	...	165	178	158	158
Cerebral Hæmorrhage, etc., Heart Disease & other Circulatory diseases				503	517	556	453
Nephritis	...	...	...	17	13	21	27
Violence	...	...	...	46	43	38	47
DEATH RATES per 1000 population from—							
Pulmonary Tuberculosis	...	...	...	0.13	0.16	0.34	0.52
"Other" Tuberculosis	...	...	...	0.03	0.03	0.05	0.09
Influenza	...	...	...	0.03	0.29	0.10	0.21
Pneumonia	...	...	...	0.01	0.63	0.59	0.75
Bronchitis	...	...	...	0.50	0.54	0.31	0.34
Cancer	...	...	...	2.08	2.24	2.06	2.08
DEATHS at various age periods—							
Under 1 year	...	...	...	22	23	42	57
1 to 5 years	...	...	...	2	5	7	14
Between 5 and 60 years	...	...	...	155	160	186	218
Over 60 years	...	...	...	793	840	804	755
INFECTIOUS DISEASE—Cases notified							
Diphtheria	...	...	...	—	2	6	54
Scarlet Fever	...	...	...	46	91	50	142
Enteric Fever	...	...	...	—	—	—	2
Small-pox	...	...	...	—	—	—	—
Erysipelas	...	...	...	5	14	12	20
Ophthalmia Neonatorum	...	...	...	—	1	2	10
Poliomyelitis and Polioencephalitis	...	...	...	7	16	12	3
Puerperal Pyrexia	...	...	...	8	6	6	16
Pulmonary Tuberculosis	...	...	...	42	67	77	74
"Other" Tuberculosis	...	...	...	10	6	10	10
See also pages 50 and 84							
INFECTIOUS DISEASE Attack rates per 1000 population—							
Diphtheria	...	...	...	0.00	0.03	0.08	0.71
Scarlet Fever	...	...	...	0.58	1.15	0.65	1.86
Enteric Fever	...	...	...	—	—	—	0.02
Erysipelas	...	...	...	0.06	0.18	0.15	0.26
Puerperal Pyrexia	...	...	...	0.10	0.08	0.07	0.21
Pulmonary Tuberculosis	...	...	...	0.53	0.85	1.00	0.97
"Other" Tuberculosis	...	...	...	0.13	0.08	0.13	0.12
NUMBER OF DEATHS from—							
Diphtheria	...	...	...	—	—	—	2
Scarlet Fever	...	...	...	—	—	—	—
Enteric Fever	...	...	...	—	—	—	—
Erysipelas	...	...	...	—	—	—	1
Measles	...	...	...	—	1	—	1
Whooping Cough	...	...	...	—	—	1	2
Puerperal Sepsis	...	...	...	—	—	—	1
DEATH RATES per 1000 population from—							
Diphtheria	...	...	...	—	—	—	0.02
Scarlet Fever	...	...	...	—	—	—	—
Enteric Fever	...	...	...	—	—	—	—
Erysipelas	...	...	...	—	—	—	0.02
Measles	...	...	...	—	0.01	—	0.02
Whooping Cough	...	...	...	—	—	0.01	0.03
Puerperal Sepsis	...	...	...	—	—	—	0.01

Report of the Medical Officer of Health for the City of Bath for the Year 1954.

STATISTICS.

Population. The Registrar-General's estimate of the 1954 mid-year population was 79,400, an increase of 100 compared with 1953. (1951 Census, 79,294).

Births and Infant Mortality. There were 1,043 births in 1954; 81 less than last year. The rate per thousand population for 1954 was 13.1 compared with 14.2 for last year, while the rate for England and Wales was 15.2, and for the 160 County Boroughs and Great Towns, 16.8. The birth rate of 13.1 is the lowest for Bath since 1940.

The Infant Mortality rate was 21.1 per 1,000 live births compared with 20.5 in 1953, and an average of 28 for the 5 years, 1948-52. The 1954 figure for the Country as a whole was 25.5 and for the 160 County Boroughs and Great Towns, 29.2.

The number of illegitimate births was 51, as compared with 50, 45 and 61 for the three previous years.

The Infant Mortality rate of 21.1 remains at the low level experienced for some years. Twenty years ago it was 45 per thousand live births. During 1954, of the 22 infants who died in the first year of life, 20 were under four weeks of age.

Maternal Mortality. There were three maternal deaths in Bath during the year, giving a rate of 2.89 per 1,000 total births. The average of 5 years, 1949-53 for Bath was 0.69, and for England and Wales, 0.87.

Case No. 1. Aged 29 years. Cause of death:—Haemorrhage from placenta praevia.

Case No. 2. Aged 30 years. Cause of death:—Cerebral haemorrhage with hypertension, following possible toxæmia of pregnancy. The interval between the maternal condition and death was stated to have exceeded 12 months.

Case No. 3. Aged 25 years. Heart failure following toxæmia of pregnancy ante-partum haemorrhage. The confinement in this case was in a Bath hospital, but death took place in Bristol.

Marriages. The number registered as taking place in Bath, not necessarily of Bath people, was 557, as compared with 630 in 1953. The marriage rate per thousand population was 14.0 and for England and Wales, 15.4.

Deaths. The net death rate for the City for 1954 was 12.2 per 1,000 population, which is the lowest recorded since 1920, and the "standardised" death rate was 9.5 per 1,000 population, the lowest since 1923. The average "standardised" death rate for the ten year period 1943—52 was 11.2.

To enable the death rate for Bath to be compared with other areas, and with the country as a whole, what is called a "correcting factor" is applied to the net death rate, and when this rate is multiplied by the "correcting factor" the result is known as the standardised death rate.

This "correcting factor" is given to each area by the Registrar-General, and is calculated to make due allowance for differences in the age and sex constitution of the population. For example, a high proportion of young people or women tends to lower the death rate. Thus in Bath, with a fairly high proportion of elderly people our "correcting factor" is less than 1, and this year it has been changed from .82 to .78.

Details of the principal causes of death, and the incidence in various age groups, are given in the Summary (pages 85 and 86), but it should be noted that the figures given are compiled from local records, and may not agree precisely with those prepared by the Registrar-General.

The death-rate for England and Wales was 11.3, and for the County Boroughs and Great Towns, 12.1.

The following extracts from the vital statistics are given in the form suggested by the Ministry of Health.

		Total.	M.	F.	
Live Births	Legitimate	.... 992	525	467	} Birth Rate, 13.1
	Illegitimate	.... 51	26	25	
Stillbirths	....	.... 28	15	13	Rate per 1,000
					total births, 26.0
Deaths	....	972	443	529	Death-rate, 9.5

Deaths from puerperal causes :—			Rate per 1,000 total
	Deaths.		(live and still) births.
Puerperal sepsis	...	—	0.00
Other puerperal causes	3		2.89

Death-rate of infants under one year of age per 1,000 live births :—

Legitimate, 22 ;	Illegitimate, 20 ;	Total, 21.1
Deaths from Cancer (all ages)	...	165
„ „ Measles (all ages)	...	—
„ „ Whooping Cough (all ages)	...	—
„ „ Diarrhoea (under 2 years of age)	...	—

The Stillbirth rate of 26.0 remains the same as last year. It is difficult to draw any conclusion from the small numbers involved, but the figures for Bath appear to be somewhat above the national average, which was 24.0 for 1954.

(For number of births, birth rates, infant mortality and maternal mortality see pages 9 and 10).

THE 1951 CENSUS

A few of the more interesting figures contained in the official report of the Census are summarised below.

Corresponding figures for the 1931 Census appeared in the Annual Report for 1932.

Population

Males 35,669. Females 43,625. Total 79,294.

<i>Age Groups</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Under 15 years ...	8,030	7,763	15,793
15-49 years ...	17,224	20,135	37,359
50-74 years ...	9,139	12,716	21,855
75 and over ...	1,276	3,011	4,287

147 persons were over the age of 90, and of these 19 were over 95 years.

Marital Conditions of Persons aged 15 and over

	<i>Single</i>	<i>Married</i>	<i>Widowed</i>	<i>Divorced</i>	<i>Total</i>
Males ...	6,432	19,689	1,364	154	27,639
Females	10,390	20,111	5,034	327	35,862

Six men and 96 women under 20 were returned as married.

Institutions

Number of Inmates.

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Children's Homes ...	42	17	59
Approved Schools and Remand Homes ...	—	19	19
Hospitals & Sanatoria (National Health Service) ...	457	685	1,142
Other Hospitals and Nursing Homes ...	30	171	201
Institutions for Mentally Ill or Mentally Deficient ...	24	99	123
Homes for Deaf and Dumb ...	11	37	48
Homes for Aged and Infirm ...	52	202	254

WARD STATISTICS
(Populations, Areas, and Persons per Acre)

Wards	Acreage (Land & In- land Water)	Persons	Males	Females	Persons per Acre
Abbey	153	5,885	2,471	3,414	38·5
Bathwick	695	4,866	1,845	3,021	7·0
Bloomfield	388	5,143	2,421	2,722	13·3
Kingsmead	260	5,048	2,261	2,787	19·4
Lansdown	618	6,540	2,781	3,759	10·6
Lyncombe	766	7,240	3,245	3,995	9·5
Oldfield	167	4,439	2,050	2,389	26·6
Twerton East	158	4,697	2,214	2,483	29·7
Twerton West	694	8,369	4,121	4,248	12·1
Walcot North	308	5,096	2,382	2,714	16·5
Walcot South	137	4,996	2,271	2,725	36·5
Westmoreland	233	4,856	2,268	2,588	20·8
Weston	627	6,721	2,889	3,832	10·7
Widcombe	1,074	5,398	2,450	2,948	5·0
Bath	6,278	79,294	35,669	43,625	12·6

PRIVATE HOUSEHOLDS

(Classified by Size of Family and Number of Rooms Occupied)

Number of Persons in House- hold	Number of Households occupying the following number of Rooms									Total House- holds	Total Persons in House- holds
	1	2	3	4	5	6	7	8 or 9	10 or more		
1	667	1,062	732	522	439	158	35	29	6	3,650	3,650
2	109	1,420	1,564	1,768	2,050	642	139	114	24	7,830	15,660
3	51	558	1,054	1,673	1,870	694	156	132	35	6,223	18,669
4	22	190	488	1,313	1,497	584	111	113	28	4,346	17,384
5	3	51	170	566	728	294	83	74	24	1,993	9,965
6	2	5	76	222	323	148	39	47	7	869	5,214
7	—	3	16	88	119	60	25	21	9	341	2,387
8	—	—	3	37	63	33	8	8	1	153	1,224
9	—	—	1	7	26	15	3	3	—	55	495
10 or more	—	—	2	10	17	12	6	4	2	53	584
Total House- holds	854	3,289	4,106	6,206	7,132	2,640	605	545	136	25,513	—
Total Persons	1,153	6,642	10,445	19,567	23,471	9,176	2,210	2,040	528	—	75,232

Number of Structurally Separate Dwellings

Number of Dwellings occupied:

By one private household	...	...	...	...	18,054
By two private households	...	...	...	...	1,898
By three or more private households	...	...	...	...	990
Total	...	...	...	...	20,942
Number of dwellings vacant	...	...	...	...	518
Total dwellings occupied or vacant (1931—15,599)	...	...	...	...	21,460
Total number private households therein	...	...	...	...	25,513

Of the 25,513 private households, 13,166 (52%) had exclusive use of (a) piped water, (b) cooking stove, (c) kitchen sink, (d) water closet, (e) fixed bath, and a further 5,364 (21%) had exclusive use of all but a fixed bath. 237 households were returned as having no piped water supply, which was defined in the Census Questionnaire as being a supply "which could be reached by the household without leaving the shelter of the building containing the rooms occupied by it or of an attached covered structure."

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

In my Report for the year 1952, a complete survey of the Health Services in the City was given.

Administration.

This remains as before with the following exceptions:—

(a) Hospital Medical Staffs and General Practitioners are using Local Authority Health Services to a greater extent. Naturally the City Ambulance Service and Home Nursing Service are used very readily. The Home Help Service has during its short life already commended itself and each year shows an increased demand.

Following a meeting with the General Practitioners, a better understanding of the qualifications, legal responsibilities and function of Health Visitors has been reached, and 26 Practitioners asked for their help during the last 9 months of the year.

(b) The care of the chronic sick and of aged persons is still one of the major administrative problems, though some progress has been made through the work of the Geriatrician of the Hospital Group, and the co-operation established by him at medical level. The fact which has become more evident is that many of the difficulties arise from a divided responsibility.

(c) Administrative difficulties with regard to Tuberculosis arise from the divided responsibility and remain unchanged. While there has been continued progress in the treatment of this disease, there is need for a concerted plan for its prevention.

There has been no change in arrangements for the joint use of medical staff between the Regional Hospital Board and Local Authority.

A joint appointment of a Psychiatric Social Worker was made during the year. Fifty per cent. of her time will be given to the Mendip Hospital where she will be concerned with cases from the City. The other half of her time will be devoted to the prevention of mental ill health, the after care of hospital patients and to cases attending the Child Guidance Clinic.

HEALTH CENTRES.

No steps were taken during the year to implement the tentative proposals of the City Council regarding Health Centres.

CARE OF MOTHERS AND YOUNG CHILDREN.

Child Welfare. The City is divided into eight districts for Child Welfare purposes to each of which a Visitor is allotted (in this area she also acts as School Nurse). An Assistant Medical Officer, who attends the Ante-natal Clinics, is given supervisory responsibility for Child Welfare. Eight Infant Welfare sessions are held weekly at the seven Centres in the City. Two sessions are held in a building specially provided but the others are held in very inadequate Church Halls, etc.

A full-time Medical Officer attends at each of these sessions together with one or more Health Visitors. Voluntary Workers assist in running the Centres, and their help is greatly appreciated.

The Health Visitor sees all those who attend, each child on the register is seen quarterly by the Medical Officer and as often as necessary between. Educative literature is available, talks are given on various topics, children are weighed, and "Make and Mend" classes are held. A wide range of Dried Milks and Welfare Foods are available.

In addition to facilities for the sale of proprietary milk and welfare foods, arrangements have been made for some years for the distribution of National Dried Milk, Cod Liver Oil and Orange Juice at the various Infant Clinics. These arrangements continued with the transfer of responsibility for their distribution from the Ministry of Food to Local Health Authorities.

Children found to need treatment are referred to their Family Doctor, and if Specialist advice is necessary they are sent to the Paediatric Clinics held at the Royal United Hospital or St. Martin's Hospital.

Health lectures are given on invitation to a wide variety of Womens' Clubs, etc., by the Health Visitors and Medical Officers.

INFANT WELFARE CENTRES.

For days and times see page 39. Figures for 1954 are as follows:—

ATTENDANCES.

Clinic	Sessions	Seen by Doctor	Average	Not seen by Doctor	Average
Blue Coat House ...	102	2002	19.6	2164	21.2
Walcot ...	51	888	17.4	1262	24.7
Oldfield Park ...	51	618	12.1	1064	20.9
Southdown ...	48	581	12.1	435	9.1
Odd Down ...	47	617	13.1	511	10.9
Weston ...	48	531	11.1	577	12.0
Twerton ...	50	483	9.7	268	5.4
Total ...	397	5720	14.4	6281	18.3

(In 1953 there were 6,004 consultations and 5,041 other attendances giving an average of 15.3 and 12.8 respectively).

Expectant and Nursing Mothers. Two Ante-natal sessions weekly are conducted by a full-time Local Authority Medical Officer at the District Nurses' Home. The Superintendent Midwife and Domiciliary Midwives attend, and at one session the Maternity Sister from the Royal United Hospital is present when patients booked for that hospital are seen. Midwives' booked cases and cases booked by General Practitioners are seen; interim examinations are also made of cases booked for St. Martin's Hospital (which has its own Ante-natal Clinic conducted by a Specialist). Blood testing and any necessary pathological examinations are made at St. Martin's Pathological Laboratory and X-ray examinations of the lungs are made by arrangement with the Manor Hospital. Details of the findings are available to the patient's doctor if required.

Mothercraft is taught at Ante-natal Clinics, but as only a limited number of expectant mothers are reached in this way it seemed desirable to make provision for those who do not attend the Local Authority Clinics. Six courses of lectures in mothercraft were held at the Health Department during the year under the direction of Dr. Leach, with the help of the Health Visitors. These courses, which are held in the evening, have proved to be very popular, and the total number who attended during 1954 was 172.

Ante-Natal Clinics. Figures in brackets are those for 1953.

				Rivers Street
Number of Sessions held	...	...	...	102 (97)
Number of new patients	...	...	...	178 (221)
Total attendances	...	...	...	1277 (1430)
Average per session	...	...	...	13 (15)
Ante-natal home visits by City Midwives	...	...	...	1295 (1254)

A Relaxation Clinic is held in conjunction with the Local Authority Ante-Natal Clinic, under the direction of a part-time Physio-therapist, and during the year 1,385 attendances were made at 170 sessions. (1953 figures 1,369 attendances at 164 sessions).

The instruction given is of value in that expectant mothers obtain a better understanding of the whole process of pregnancy and confinement, and are better able to co-operate with the doctor or midwife attending. A valuable feature is that many of the groundless fears and superstitions associated with bad midwifery are dispelled.

Where necessary patients may be referred for Specialist advice to either the Ante-natal Clinic at St. Martin's Hospital or the Gynaecological Clinic at the Royal United Hospital.

An arrangement has been made with the Maternity Wards of the Hospitals for a Health Visitor to visit the homes of expectant mothers booked for confinement in Hospital. A report is sent to the Hospital where necessary, and any instructions given by the Hospital to the mother are supervised by the Health Visitor.

No distinction is made in any of these arrangements for the unmarried mother, but when necessary the Council accepts financial responsibility for their admission to Mother and Baby Homes, through the Bath & Keynsham Moral Welfare Association. In 1954 financial responsibility was accepted by the Council in seven such cases.

The booking of Hospital beds for confinement is done through the Maternity Department of the Health Office.

Approved Maternity Outfits are available through the Local Authority Ante-natal Clinic for each domiciliary confinement.

A post-natal Clinic is held once a month under the same organisation as is described above for ante-natal clinics. Specialist advice, and if necessary treatment, is secured by reference to the Hospital Gynaecological Clinic. 67 new patients attended. (79 patients in 1953)

Care of Premature Infants. Both general hospitals have special provision for the care of premature infants, and as over 80% of all confinements take place in hospital there has been little call for special provision in the home. As distances are never great in the City and heated ambulances are always available, there is no difficulty in transferring mother and infant to hospital if necessary. It has not been considered necessary to make domiciliary provision but two of the Health Visitors have experience in a "Prem" Unit and in the rare case of need would be available. Of 7 cases nursed entirely at home all survived 28 days.

Dental Care. Expectant mothers are referred normally by the Doctors at the Local Authority's Ante-Natal Clinic or from St. Martin's Hospital. The greater proportion, it is found, have their own private dentist. This year for the first time a dental officer visited each Infant Welfare Centre in turn to inspect and give

advice to the mothers and young children attending. On the days when the Welfare Centre is being used at the Health Department the dental surgeon can always be consulted.

The following is a summary of the work carried out during 1954 :—

(a) Numbers provided with dental care :

	Examined	Needing treatment	Treated	Treatment completed
Expectant and Nursing mothers	96	66	50	13
Children under five	99	60	60	60

(b) Forms of dental treatment provided :

	Scalings and Gum Treatment	Fillings	Silver Nitrate treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures provided		Radiographs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing mothers	32	53	—	—	81	20	1	5	4
Children under five	1	26	6	—	58	33	—	2	2

The Dental Clinic has its own X-Ray apparatus, and examinations are carried out by the Dental Surgeons.

Orthopædic Treatment. No change in the established arrangements with the Hospital Board took place during the year. Regular sessions were held by the Orthopædic Surgeon in the Health Department, with weekly sessions by the After-Care Sister for massage and treatment recommended by the Surgeon. Patients are referred for Ultra-Violet Ray or Hot Pool treatments to the City Bathing Establishment. During the year, 209 children under school age including 88 new cases made 747 attendances to the Surgeon's and After-Care Sister's Clinics. 6 children made 27 attendances at Massage Clinics.

Eye Clinic. 71 children under school age made 120 attendances at the Eye Clinic held at the Bath Eye Infirmary. 16 new cases were referred for defective vision and squint, and 4 for other eye conditions.

Ear, Nose & Throat Clinic. 42 children under five years of age attended this clinic held at the Bath Ear, Nose and Throat Hospital, and 14 tonsil and adenoid operations were performed.

"Birth Control" Clinic. A weekly evening clinic arranged by the Bath Branch of the Family Planning Association is held at the Local Authority's Infant Clinic at the Sawclose, where family planning advice is given by experienced medical and nursing staff. 312 patients were seen during the year, of whom 240 came from Bath, the others being referred from the surrounding County areas.

Day Nurseries. The available accommodation (55 places) at the Riverside Day Nursery was taken up fully during the year, and there was an average daily attendance of 49 children, with 56 actually on the Register at the 31st December. There has been a steady demand for places with a constant waiting list.

Each application is investigated carefully, and priority is given (a) to children in homes where the mother is compelled to work because she is unmarried, or because of the death of the father or separation of the parents; (b) where home conditions are unhealthy or unsuitable; or (c) where the mother is in essential employment.

The Nursery is approved by the Ministry of Health for student training purposes, and this training continued throughout the year in conjunction with the Bath Technical College. At the end of the year eleven students were in training.

Residential Nurseries. Residential Nursery provision is provided by the Children's Committee either in one of that Committee's homes for short stay cases, or by arrangement with the Church of England Children's Society at Saville House, Bath or at Sunnyside, Box, for long stay cases.

The Local Authority Medical Officers carry out the necessary medical examinations on admission or discharge, and periodically while the child is in the Children's Committee Homes. Treatment of any child is given by a general practitioner should it be necessary. General medical supervision of these Homes is given by regular visits by an Assistant Medical Officer.

Nurseries and Child Minders Regulation Act, 1948.

Two persons remained on the Register at the end of the year, although little use appears to be made of their services, and one private nursery was registered providing accommodation for 20 children.

MIDWIFERY.

The City Midwives work under the immediate control of the Superintendent of the District Nursing Association and her Deputy. The establishment is five full-time Midwives, but the amount of domiciliary midwifery only justifies the appointment of three. Two midwives are resident in the new housing districts and the third lives centrally at the District Nurses' Home. By arrangement with the West Wilts Hospital Management Committee, 4 Pupil Midwives were given district training during the year under the direction of the City Midwives. 1 of the midwives as well as the Deputy Superintendent hold the Teacher's Training Certificate. A larger number cannot be provided for because of the small amount of domiciliary midwifery.

One City Midwife left during the year to take the training course for the Health Visitor's Certificate.

None of the Midwives attended any Refresher Course, and it is hoped that this may be remedied during ensuing years.

During 1954, 53 Midwives notified their intention to practise in the City, of whom 44 were on the staff of the Hospital Management Committee, 2 were in Maternity Nursing Homes, 2 in private practice and 5 on the staff of the Local Authority. 7 Midwives did not conduct any cases in the City, 22 attended 30 or more cases each, and the City Midwives attended 185 confinements.

The number of confinements attended by all midwives was 1,580. (Last year it was 1,564).

Altogether, a doctor was called in under the Rules of the Central Midwives Board on 27 occasions for various emergencies in connection with births and miscarriages.

Medical Supervision of Midwives is carried out by one of the Local Authority Medical Officers, and the Superintendent of the City Midwives also acts as Non-Medical Supervisor of Midwives.

Gas & Air apparatus is available at the Nurses' Home, and two of the City Midwives are qualified to use it. The apparatus is demonstrated to mothers attending the Ante-Natal Clinic, and is made available to qualified midwives in private practice on request. Gas and Air Analgesia was administered by the Council's Midwives on 74 occasions.

1,295 Ante-Natal visits were made in the homes by City Midwives during the year, and whenever possible the midwife attends at the Ante-Natal Clinic when the Medical Officer examines her patients.

General Practitioners are notified by post when one of their patients books a City Midwife for her confinement, and there is a simple summary card in the possession of the patient on which the important clinical details of the pregnancy may be entered by the General Practitioner or Midwife, so that each is kept informed. This procedure has been much appreciated by both. This personal summary

card has been approved now by the S.W. Regional Hospital Board for use throughout the Bath Clinical Area.

The following table gives the place of confinement of the registered live births in Bath.

	Royal United & Forbes Fraser Hospitals	St. Martin's Hospital	Private Maternity Homes	Private Houses
Bath mothers	.... 417	414	12	185
Non-residents	... 138	358	7	2
Total	.... 555	772	19	187
Percentage—				
Bath mothers	.... 41% (37%)	40% (47%)	1% (2%)	18% (14%)

(Figures for 1953 are shown in brackets)

The percentage of Bath mothers having their babies in hospital declined slightly from 84% to 81%, while domiciliary confinements rose from 14% to 18%. The number of confinements in private maternity homes showed a further decline.

HEALTH VISITING

The National Health Service Act aimed at widening the influence of the Health Visitor, so that her expert advice might be available to the whole family, and in Bath this transition is taking place. The Health Visitor is still responsible for the care of mothers and infants, but in addition, each Health Visitor acts as School Nurse to the Primary Infant and Junior Schools within her area, and is asked constantly to make special visits and reports on matters relating to the health and well being of the residents in her area. These special responsibilities may be summarised as follows:—

Housing. Visits to ascertain need for medical priority on the Council's waiting list for accommodation, where children, invalids or elderly people are concerned.

Day Nursery. Each application for Day Nursery accommodation is investigated by the Health Visitor.

Boarding Out and Adoption. The Health Visitor works in close co-operation with the Children's Officers, particularly where reports are required on the home circumstances of prospective foster parents or adopters.

Old and Infirm Persons and the Chronic Sick. Frequent reports are obtained by the Health Visitor where the urgent needs of old people are brought to the notice of the Department. Cases are referred to the Welfare Department, and if necessary, home nursing or home help services are provided.

Mental Deficiency. The supervision of mental defectives on licence to domestic posts in the City from various Institutions is undertaken by the Health Visitors.

Infectious Illness. In appropriate cases the Health Visitors follow up individual cases of infectious illness to ensure that medical instructions are being observed, and efforts made to prevent the spread of infection.

In addition to these visits, the Health Visitor works in close touch with the Children's Officer, and the Inspector for the N.S.P.C.C., in cases of child neglect, or with problem families; and her services are called upon in connection with national investigations on the health of children.

Co-operation with the General Practitioners has grown during the past year, and in addition to regular consultation with the Doctors in one practice, the Health Visitors receive numerous requests on various points where their assistance is required. 92 enquiries were dealt with by the Health Visitors on behalf of 26 family doctors during the year.

Each year the City Council sends two Health Visitors on Post-Graduate Courses, and their expenses are met on the Council's Scale.

The Health Visitors made the following visits in addition to attending Infant Welfare Clinics and Schools. Children under 1 year, 6,894; between 1 and 5, 6,874; expectant mothers, 335; other visits, 429. Total 14,532.

Health Education is the primary object of the Health Visitor's work. Whether her visit is to a private house or a clinic she is constantly advising, instructing or demonstrating. To assist her she is provided with appropriate literature for distribution in the homes, and with modern devices such as magnetic board, flannelgraph, film strips and posters for use in clinics.

In addition to advice given in the homes, 112 short lectures and demonstrations were given at clinics at which 2,146 mothers attended. The Health Visitors also assist at the Mothercraft Courses (page 17), and as requested have addressed meetings of various womens' organisations.

The new syllabus of training for State Registered Nurses requires a course of four lectures by the Medical Officer of Health or a practising Health Visitor. During the year two such courses were given at the Royal United Hospital.

HOME NURSING

The Bath District Nursing Association continues on an agency basis to carry out the Local Authority's duty of providing nursing in the home. Home Nurses only attend cases on instruction of the General Practitioner in charge. There is excellent co-operation between doctors and nurses and the service given by the Association has been greatly valued by the medical profession for many years.

Requests from the Hospitals are made only through the family doctor.

No arrangement has been found necessary for night nursing, as the majority of cases can be dealt with by a late evening visit, and where necessary the administration of a sleeping draught on the instruction of the doctor. Generally speaking the use of trained nurses for night work has not been found necessary or desirable. There is, however, a demand for Night Sitters to work with the Nurse, and though not officially provided for, the Superintendent has a small list of suitable women who will do this work when the above arrangement is not adequate. In cases of long or serious illness requiring more attention than can be given under the Home Nursing arrangements the case is usually removed to Hospital or Nursing Home, and if necessary the powers of Sec. 47 of the National Assistance Act may be used.

4 Home Nurses attended a short Refresher Course, arranged by the Bristol District Nurses' Association. District training has not been undertaken.

During the year, 29,792 visits were paid to 1,554 individual patients.

20,863 visits were made by home nurses to 962 patients who were 65 years or over.

Every effort is made by the use of home nurses and home helps to prevent or postpone the need for the admission of these elderly folk to hospital, who naturally wish to remain in their own homes for as long as possible.

The demand for the services of the Local Authority's staff for this section of our population continues to increase, and the problem is perhaps more acute in Bath than in other places in the Country, because of the high proportion of elderly people living alone, often in large Georgian houses let off in rooms.

On the instructions of General Practitioners, and Hospital Medical Staff the district nurses attended 410 patients for the purpose of giving injections, such as insulin, streptomycin, penicillin, etc. Visits for this purpose numbered 12,101 during the year. These figures are included in the total numbers given above.

There were 244 patients on the Association's books at the end of the year. The nursing staff comprised 9 full-time and 3 part-time nurses at the end of the year. Two of this number were State Enrolled Assistant Nurses.

VACCINATION AND IMMUNISATION.

Protection is offered against Smallpox, Diphtheria and Whooping Cough either through the family doctor or at Infant Welfare Centres.

Every effort is made to urge the need for protection. A birthday card is sent automatically to all non-immunised children on their first birthday, stressing the need, and reminders about renewed protection are sent to the parents of all new entrants to primary infant schools.

During 1954 it was decided to offer the combined Diphtheria-Pertussis prophylactic for all children attending our Infant Clinics. This method has the advantage of reducing the number of injections from five to three, as compared with the separate courses of injections for whooping cough and diphtheria. The response to the new method has been very good, 1,133 receiving protection against diphtheria for the first time, and 748 given a course of injections against whooping cough, either with the combined prophylactic, or with whooping cough prophylactic alone. It is encouraging to note that the number of children immunised against diphtheria was the highest since 1943.

Diphtheria Immunisation. The position at the end of 1954 as regards diphtheria immunisation of Bath's child population was as follows :—

	No. Immunised.	Estimated Child Population
Under 1 year	203	1,070
1 to 4 years	2,698	4,330
5 to 14 years	8,249	10,400
	<hr/>	<hr/>
Total	11,150	15,800

1,040 children under 5 years, and 93 from 5 to 14 years were immunised during 1954. In addition, "boosting" injections — i.e. injections given four or more years after primary immunisation—were given to 596 children in the same period.

The statistics show that just under 71% of Bath's child population have received protection against diphtheria at some time during its life-time, but it must be remembered that just under 45% have received this protection within the past five years. In other words about 26% of the child population received protection more than five years ago, and there remains a pool of about 30% of our children who remain unprotected.

For the first year on record no cases of diphtheria were notified in Bath, and in England and Wales the number of notifications fell to a record low of 182 cases, but this position can be maintained only by sustained effort if we are not to become complacent about the situation. The facilities for immunisation are available, either through the family doctor or the Local Authority Clinics and parents who fail to have their children protected, do so, in the majority of cases, because they either fail to realise the danger, or are too inert to make use of the facilities. It is too late and unwise to immunise children during an epidemic, therefore they should be protected now while there is no evidence of the organism in the community.

Vaccination. Vaccination is no longer compulsory, but every effort is still made to persuade mothers to have their children vaccinated, either at the Infant Welfare Clinics or by the family doctor.

During 1954, 520 persons received primary vaccination including 403 under one year, and there were 219 re-vaccinations. (530 and 236 in 1953).

The number of children born in the area in the 12 months ended 30th June, 1954 was approximately 1,055 of whom only 403 were vaccinated during 1954, or 38%. The average acceptance rate for England and Wales is 34.5% compared with 40% before the war. Bath is thus a little above the National average but the low state of protection is dangerous in that rapidity of air travel means that acute cases of smallpox may develop in this country and spread rapidly in the poorly protected community.

While it is true that (unlike immunisation against diphtheria) vaccination can protect against or modify smallpox if done within a few days of exposure to infection, vaccination for the first time during adult life can cause far more disturbance to health than it does during infancy. It is therefore a wise precaution to have infants vaccinated early in life.

B.C.G. Vaccination. See page 30.

PROVISION OF AMBULANCE SERVICES.

Ambulance Service. The City Fire and Ambulance Services are combined under the immediate control of the Chief Officer of the Fire Brigade. Reference is made to the Medical Officer of Health when a medical decision is required. By arrangement with the Counties of Somerset and Gloucester the parts of those counties surrounding the City are also served.

The Chief Officer of the Fire Brigade and Ambulance Service observes—

“The Service continues to operate 7 ambulances and 3 sitting case cars. One ambulance was replaced in 1954. The new ambulance is a four berth vehicle and on several occasions all four berths have been in use for inter hospital removals.

The demand upon the ambulance service continued to increase, and although in 1952, and subsequently in 1953 it was thought that the peak had been reached, our hopes were not fulfilled, and figures for 1954 again show an increase. Only strict economy in granting transport can halt the upward trend.

The miles per patient figures for 1954 were.—

Ambulance	...	5.7 miles per patient
Sitting Case Cars	...	3.8 miles per patient

The total mileage for 1954 of 130,759 miles is only 3,000 miles higher than the mileage in 1950 when only 15,697 patients were carried compared with 29,032 in 1954. That is an increase of 85% in patients for a 2½% increase in mileage. This saving in mileage is attributed to two factors, the continued increase in the use of rail transport and wireless control of ambulances, first introduced in October 1953, and in full use throughout 1954.

During 1954 our voluntary rail escorts both men and women have rendered yeoman service and one of the escorts completed her hundredth escort duty during the year and is now embarked on her second century.

The staffs of British Railways in all grades have been most helpful, and the receiving ambulance services of other authorities have co-operated fully in making rail transport both comfortable and speedy. Close co-operation exists with the ambulance services in the neighbouring Authorities of Somersetshire, Wiltshire, Gloucestershire and Bristol.

Owing to increased demand, more work has been carried out by the Hospital Car Service drivers who use their own cars and they continued to fulfil their onerous function of carrying the peak loads, often at very short notice."

TABLE OF AMBULANCE JOURNEYS, MILEAGE, ETC.
1954 compared with previous years.

		(1) Total Journeys	(2) Patients carried	(3) Accidents (included in 1)	(4) Total Mileage
City Ambulances and Cars	1950	14,882	15,697	1,021	127,775
	1951	21,898	22,938	977	138,489
	1952	23,066	24,197	1,044	140,590
	1953	25,558	26,640	1,150	140,130
	1954	28,014	29,032	1,188	130,759
St. John & B.R.C.S. Ambulances	1950	5	6	—	247
	1951	31	43	—	759
	1952	10	16	—	204
	1953	—	—	—	—
	1954	—	—	—	—
Hospital Car Service	1950	4,139	4,523	—	45,144
	1951	542	862	—	9,833
	1952	356	717	—	8,167
	1953	244	501	—	7,780
	1954	492	883	—	10,089

DOMESTIC HELP

This Service has grown steadily since its commencement in 1949, and is closely linked with the Health Visiting, Domiciliary Nursing and Midwifery Services. Under the Medical Officer of Health the lay Organiser is in direct daily control of the workers, interviews applicants and visits the homes to assess the amount and type of help needed. Visits are also made for supervisory purposes whilst the work is being done. When help is asked for because of illness or maternity, medical confirmation of the need is always obtained. All applications are approved by the Medical Officer but the Organiser uses discretion in supplying help immediately if it appears necessary, obtaining the sanction later. The need for continued help is reviewed periodically by the Organiser, who refers to the Medical Officer when in doubt.

Assessment for payment for the help given is made according to a scale approved by the City Council, and cases of hardship are dealt with by the Health Services Sub-Committee.

At the end of the year 9 whole-time home helps and 45 part-time workers were employed. Home Helps are selected for their experience and personality, after consideration of references and a visit to their own homes.

The home helps "Club" continues to meet regularly. Apart from the social side, this meeting gives the Organiser an opportunity of discussing current problems and encourages a general interchange of helpful information.

Home helps are provided with a uniform overall, protective apron and a badge after a period of satisfactory service.

One of the full-time home helps is permanently employed caring for old people living alone in a number of Old People's Bungalows on the Twerton housing estate.

During 1954, 389 individual households were helped, of whom 9 needed assistance because of tuberculosis, 25 during the lying-in period and 355 because of acute or chronic illness, young children or aged persons in the home.

Night Orderlies. Information was received from various sources, particularly from individual Home Helps, that some aged persons and chronic sick are alone from the time the Home Help or District Nurse left until someone returned next day. After consultation with the Chief Welfare Officer and Superintendent District Nurse it was decided that there was no need for all night attendance by a "sitter up" but that an evening visit would enable old people living alone to be settled safely and comfortably for the night. The Ministry of Health approved the Council's decision to appoint Night Orderlies for an experimental period. The duties of the Night Orderlies were prescribed as a visit during the late evening to settle the patient comfortably in bed, see to the safety of fires, oil stoves, lights, etc., and give moral encouragement. As a great demand was expected the service was limited in the first place

to cases known to the District Nurses, Home Helps or Welfare Department, and it was offered to twenty suitable persons. To our great surprise the old people themselves refused the Service for various reasons, such as fear of the introduction of a stranger to the house, the discovery of a relative or friend willing to look in, or a general wish to be independent. General Practitioners were therefore invited to use the Service but no requests were received. In only one case was the offer of a Night Orderly accepted and continued to attend for the remainder of the year. It is probable that there are old people who would appreciate the attention of a Night Orderly, but apparently they are not known to us. The Service would be of benefit to them, but the notable independence of old people deters them from using it.

PREVENTION OF ILLNESS, CARE AND AFTER CARE. TUBERCULOSIS.

Administration.

The Health Services Sub-Committee deals with all matters concerning Tuberculosis, acting through the Medical Officer of Health. A full-time Health Visitor is employed. By arrangement with the Regional Hospital Board one of the Chest Physicians gives one eleventh of his time to the Local Authority to give Clinical advice and B.C.G. Vaccination. (The Local Authority paying an equivalent proportion of the salary).

The incidence of tuberculosis in the City is shown by notifications received from General Practitioners and the Chest Physicians. The graph on page 33 shows that since the war ended there has been a general tendency for the number of cases notified to fall, and in 1954 there was a sharp decline to 42 as compared with 73 in the previous year.

Of the 42 notifications of pulmonary tuberculosis, 24 were males and 18 females. 8 of the males were aged 45 years and over.

Similar decline in the number of cases notified has occurred in previous years, but the fact that it has recurred in spite of better means of diagnosis and of case finding, suggests that there is reason for hope though not for complacency.

The graph again shows continuation of the fall in the number of deaths from tuberculosis of all forms due to the improved means of treatment available.

Notification figures only deal with known cases of tuberculosis, but the result of Mass Miniature X-ray surveys indicate that there is in the community a pool of unknown and infectious cases.

Prevention.

As stated in the Report for 1953 it is generally agreed that measures to prevent tuberculosis must follow a certain pattern:—

1. By improving the standard of nutrition, living conditions and environment in factories, workshops, offices, shops, and in fact in every place in which people work, to increase the resistance of individuals and reduce the risk of exposure to infection.
2. By mass miniature radiography surveys of the population,

3. By radiological examination of selected groups, and particularly the contacts of known cases.
4. By B.C.G. vaccination of the uninfected children of tubercular families.
5. By skin testing new entrants to infant schools.
6. By B.C.G. vaccination of school leavers.
7. By the supervision of food production, in particular milk and meat.
8. By education of the public, and particularly of tubercular persons.

As far as item (1) is concerned, the maintenance of resistance is the general object of all work done by the Health Department. Free milk was provided for 82 patients in their homes.

Mass X-ray surveys were carried out during the year with the following results :—

ing Results :				Males	Females	Total
No. of Miniature Films	...			4395	3701	8096
Recalled for large Films	...			213	134	347
				-----	-----	-----
Normal	...	...		109	72	181
Significant	...	...		93	58	151
Did not attend	...	...		—	1	1
Under observation	...	...		11	3	14
Analysis of Significant Cases:—						
Non-Tuberculous	...			46	31	77
Tuberculous:—						
Inactive	...	...		38	15	53
Active	...	...		9	12	21

All known contacts are examined and supervised. All employees of the Local Authority are examined by X-ray on appointment, and those who are in contact with children are examined annually.

The addition of a 70 m.m. camera to the equipment of the X-ray department of the Manor Hospital, has made it possible for special groups to be examined, and by the co-operation of the Hospital Management Committee any special case or group of cases can be X-rayed on the request of the Medical Officer of Health. General Practitioners' cases are also accepted for X-ray. In every case where Tuberculosis is suspected, the Chest Physician is consulted for final diagnosis.

B.C.G. vaccination was given to 126 children known to be exposed to infection, after preliminary mantoux testing had been given to 145. 19 of them had acquired immunity.

No decision has been made as yet regarding B.C.G. vaccination of school leavers, but the question is under consideration.

All milk sold in Bath is now heat treated or tuberculin tested, and methods of food production and foods are kept under constant supervision by the Sanitary Department.

Care of Patients.

Bath has continued in the happy position of being able to accommodate its cases of pulmonary and non-pulmonary tuberculosis within the local group of hospitals without any undue waiting period. Special cases requiring operative treatment are admitted to Frenchay Hospital.

With the new methods of treatment available, some patients can be treated in their own homes provided all the circumstances are suitable. When necessary, the District Nurses administer drugs which have to be given by injection under the instructions of the Chest Physician and Family Doctor.

On the recommendation of the Chest Physician the Local Authority provides wooden shelters for erection in the patient's garden so that rest may be taken in the open air.

After Care.

The Chest Physician holds out-patient sessions on three afternoons each week at the Manor Hospital, and the Local Authority's Tuberculosis Visitor attends each session and visits patients in their homes as necessary.

Patients referred to Clinic for examination	....	1313
Found tuberculous	....	44
Contacts examined	....	217
Found tuberculous	....	6
Total attendances, including above	....	3162

X-ray facilities are available at the Manor Hospital for the examination of contacts of known cases and check X-rays for those who have received B.C.G. Vaccination. Special surveys have been made of groups of persons who have been at risk.

The Tuberculosis Health Visitor made 1,322 visits to tuberculous households during the year.

Much of her time on these occasions is devoted to difficulties of the family, financial and otherwise, and to suitable diversional occupation for patients unable to work. It is hoped that the Care Committee as it develops, may take some of this off her hands, leaving the qualified Tuberculosis Nurse more time to devote to the care of the patient, education of the family, and preventive work.

The Bath T.B. Care Committee which is affiliated to the National Association for the Prevention of Tuberculosis is now in being, and was able to give assistance to several needy cases during the year, and Christmas presents and food parcels were distributed to a number of families. The City Council has made an annual grant of £50 to this Committee.

As the need is revealed it is anticipated that this Voluntary Organisation will develop new means of helping patients and their families in their own homes. When the breadwinner or mother of a family is put out of action for a long period the difficulties become great. Official provision in such circumstances can provide much, but there remain financial, psychological and physical needs which an active Care Committee, being unhampered by regulations, is able to supply.

There were 10 deaths from pulmonary and 2 from other forms of tuberculosis (10 and 2 in 1953). Notifications numbered 42 from pulmonary and 10 from other forms of tuberculosis (67 and 6 in 1953).

Table (1)
NOTIFICATIONS AND DEATHS FROM TUBERCULOSIS (ALL FORMS) 1934-1954

▨ NOTIFICATIONS ■ DEATHS

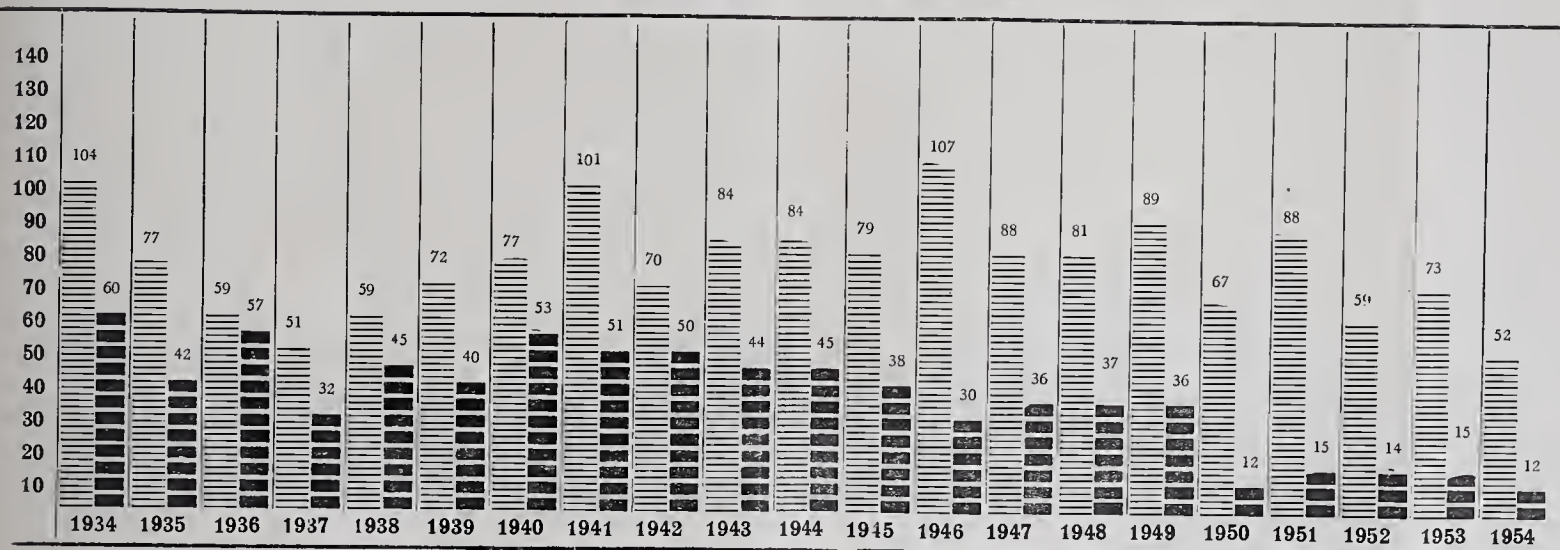
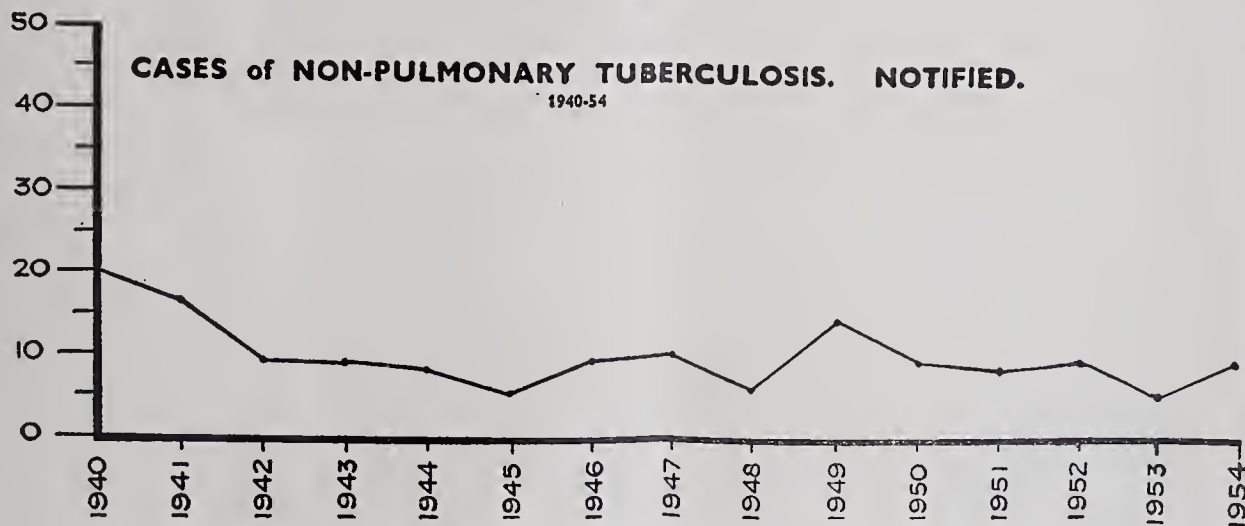


Table (2)



Illness in General.

The prevention of illness is largely a matter of education in health combined with the provision of proper and adequate housing and sanitary conditions.

In the matter of housing, there is close co-operation with the Housing Department, and the Medical Officer of Health and Chief Sanitary Inspector advise priorities where health is likely to be affected by living conditions.

The District Sanitary Inspectors give close attention to all matters of food production and sale. The Sanitary Department has carried out detailed surveys of all canteens and kitchens under the control of the Hospital Management Committee, Local Health and Local Education Authorities, from the point of reception of the raw materials, to the service of the meal to the consumer. (These reports have been much appreciated and have been acted upon by the responsible bodies to whom they were made). Similar inspections and reports have been made on all Registered Nursing Homes in the City.

Cases of notifiable infectious illness are visited by the Sanitary Inspectors, and, where young children are concerned, by the Health Visitor. Appropriate action is taken and advice given in each case. It is still the practice to provide disinfection after certain cases of infectious illness, chiefly on psychological grounds. By arrangement with the Hospital Management Committee facilities are available for steam disinfection of bedding, clothing, etc., and for the bathing of persons suffering from verminous or contagious skin conditions.

Immunisation against Smallpox, Diphtheria and Whooping Cough is made available either by General Practitioners taking part in the Local Authority's Scheme or at Infant Welfare Centres. Arrangements are made also for school entrants to be immunised or to have re-inforcing injections at school.

The Hospital Management Committee has now established a Committee for the Control of Infection within the hospitals, of which the Director of the Public Health Laboratory and Medical Officer of Health are members.

The Local Authority has two Depots in the City where nursing requisites may be obtained on loan. One of these Depots is conducted by the British Red Cross Society as agent, while the second is under the control of the Home Nurses.

The Health Authority has not adopted the powers given under Section 28 of providing for maintenance in holiday homes for convalescent patients.

Facilities are available for Ultra Violet Light treatment of suitable cases at the Spa Bathing Establishment.

Venereal Diseases. The general provision for treatment remained unchanged throughout the year. For details of clinics see page 39. The number of Bath patients attending the Clinics at St. Martin's Hospital and the Royal United Hospital for the first time during 1954 was 155. Of these patients, 15 were found to be suffering from syphilis, 11 from gonorrhoea, and 129 were found to have conditions which were not venereal. As in previous years the majority of the cases attending the Clinics were found on examination not to be suffering from venereal disease, although in most of these cases there had been exposure to risk of infection. The Ministry of Health reporting on the National situation says that "the number of cases of non-gonococcal urethritis in males had risen considerably in 1952. During 1953 there was a further sharp rise in new cases of this disease, which is almost invariably of venereal origin, and there was a further rise in the first half of 1954; and although there has been a fall in the number of cases of early syphilis, there has again been an increase in gonorrhoea in both sexes."

The local Health Authority continues to be responsible for propaganda on the prevention of these diseases, and for the follow up of patients and contacts where requested.

Adult Orthopaedic Clinic. The follow up Clinic arranged for adults who had during childhood been treated for various orthopaedic defects is held in the Health Department by arrangement with the Hospital Management Committee. Six sessions were held when 37 individual patients made 62 attendances.

Laboratory Work. The facilities for pathological examinations at the Area Laboratory, St. Martin's Hospital and the Public Health Laboratory at the Manor Hospital continue to be used widely by the Health Department. During the year, numerous specimens were sent to the Public Health Laboratory from the School Medical Department for various tests, and in addition specimens were sent in cases of suspected food poisoning, dysentery, etc.

The Laboratory at St. Martin's Hospital has, as always, been of the greatest assistance to the Health Department, particularly in connection with the Ante-natal Clinics. Arrangements have been made for the examination of blood from expectant mothers to determine the Group and Rh. factor.

For details of analyses of food and drugs, milk, ice cream and water carried out by the City Analyst and the Public Health Laboratory, see pages 61-64 and 74-76.

CANCER.

As cancer is not a disease which is notified, the only indication of its prevalence has until recently been found in the number of deaths from cancer.

During the period, 1931-35, deaths from cancer averaged 142 per annum, from 1936-40, 155 per annum. From 1946-50 the average deaths were 158; This shows no significant change. During the last four years deaths from cancer have occurred in the City as follows:

1951 —	Total deaths	150
1952 —	„ „	197
1953 —	„ „	178
1954 —	„ „	165

The Regional Cancer Records Bureau recorded during 1954, 236 new cases of cancer, of whom 103 died during the year. 78 cases were too far advanced for any form of treatment and received palliative treatment and nursing in their own homes.

The five year follow-up by the Bureau, of cases treated in 1949 (by the means most appropriate to the particular condition) shows that 26% of all cases registered were alive and well at the end of 1954 (exclusive of cases of skin cancer). Cancer of the breast shows better response to treatment and 37% were alive and free from symptoms at the end of the five year period.

Significant figures are that of cases of breast cancer. 32% had delayed seeing a doctor for 12 months and 23% of cases were in the advanced stages when seen by the Hospital. It is probably right to say that with the means of treatment for cancer now available, the percentage of cases of breast cancer would have been over 50, and many more of the advanced cases would have been amenable to treatment if earlier advice had been sought.

Opinion differs on the question of education of the public in the matter of cancer. The delay in consulting a doctor when there are obviously suspicious signs suggests that fear of being told the truth deters many. The results of the 5 year follow-up show that in certain forms of cancer, notably of the skin and breast, modern treatment is very effective and the chance of cure good, always provided that treatment is instituted early. The public should therefore fear only that they might delay too long in obtaining skilled advice.

Treatment of cancer is available in the Bath Hospitals where cases needing surgical treatment alone are dealt with. X-ray treatment and combined X-ray and surgery can be given at the Royal United Hospital. Certain cases needing special forms of X-ray treatment are dealt with at the Bristol Centre, with which the local hospitals work in close harmony.

HANDICAPPED PERSONS.

The care of handicapped persons of all types is the responsibility of the Welfare Committee.

1. Blind Persons.

The Chief Welfare Officer is responsible for the registration and the care of blind persons. At the end of 1954 there were 239 persons registered as blind and 16 as partially sighted. 6 persons were recommended for cataract, either medical, surgical or optical. Of these it was found on follow up that 2 received treatment during the year. 4 cases of glaucoma were registered and treatment was advised in one case. There were no cases of retrolental fibroplasia. 23 other blind persons were registered during the year for whom treatment was advised in the case of 7, and on follow up was found to have been given to 4. For 16 other persons no treatment was advised.

FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS.

(i) Number of cases registered during the year in respect of which para. 7(c) of Form B.D.8 recommends:-	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	3	4	—	16
(b) Treatment (medical, surgical or optical).	6	1	—	7
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment.	2	—	—	4

2. Deaf and Dumb.

The Somerset Diocesan Mission to the Deaf cares for deaf and hard of hearing persons over the age of 16 in this area on an agency basis. The number of persons registered at the end of 1954 was 104.

3. Epileptics and Spastics.

There can be no correct information as to the number of epileptic or spastic adults in the community as neither of these conditions are notifiable. The Chief Welfare Officer is responsible for the care of these handicapped persons through the Welfare Committee. At the end of 1954 there were 16 epileptic adults and 4 adults suffering from spastic paraplegia on the Register of Handicapped Persons in this City. The treatment of epileptics is in the hands of General Practitioners and no special cases were brought to the notice of the Authority during the year. There is no special provision for the care and education of persons suffering from spastic paraplegia, except that treatment facilities are

available at the Spa Bathing Establishment where the hot pool is found to be exceedingly successful in relaxing and educating spastic ailments. More accurate knowledge is, of course, available with regard to children of school age and under, who suffer from epilepsy or spastic paraplegia. Details are given on page 101 of my report as Principal School Medical Officer.

CLINICS AND TREATMENT CENTRES

DAYS AND TIMES OF ATTENDANCE. DEC., 1954

	See also page	Monday	Tuesday	We'n'day	Thursday	Friday	Saturday
Infant Welfare Centres :							
*Blue Coat House ...	17		2.30—4			2.30—4	
Walcot ...	"			2.30—4			
Oldfield Park ...	"			2.30—4			
Southdown ...	"	2.30—4					
Odd Down ...	"		2.30—4				
Weston ...	"	2.30—4					
Twerton ...	"				2.30—4		
Ante-Natal Clinics :							
45 Rivers Street ...	17			10—12 2—3.30			
Post-Natal :							
45 Rivers Street ...	18		10—11.30		(1st Tuesday)		...
*Maternity & Child Welfare							
Dental Clinic ...	18	By appointment					
Tuberculosis—							
Chest Clinic, Manor Hos.	31	2—4			2—4	2—4	
Artificial Sunlight Treatment ...	—	...	...	By appointment			
Venereal Diseases							
Men (R.U.H.) ...	35					5—6.30	5—6.30
Women (R.U.H.) ...	...		5—6.30			2.30	
Women (St. Martin's)	...		2 p.m.				
Men (St. Martin's) ...	...		2 p.m.				
School Clinics—							
Inspection:—							
*Bluecoat House ...	...					9.30—12	
†Moorlands Inf. Sch. ...	...		9.30—12	(monthly	1st Tues.)		
†Fosseway Inf. & Jnr. ...	...			9.30—11.30	(monthly	1st Wed.)	
†St. Lukes Prim. ...	...			9.30—11.30	(monthly	3rd Wed.)	
†City of Bath Boys' ...	...			9.30—12	(fortnightly)		
†Southdown Jnr. ...	...		9.30—12	(monthly	2nd Tues.)		
Eye Infirmary ...	...	9.30		2.0			
*Dental ...	...	9.30—5	9.30—5	9.30—5	9.30—5	9.30—5	10—12
Ear, Nose and Throat :							
Royal United Hospital	...	By appointment					
St. Martin's Hospital	...				9.15†		
Minor Ailments Clinic							
*Bluecoat House ...	...	9.30—12		9.30—12		9.30—12	9.30—12
Other Schools	...						
see Inspection above	...						
*Orthopaedic							
After-Care Clinic ..	...			10—12	10—12		
Orthopaedic Hospital	...			& 2—4	& 2—4		
Massage ...	...	Daily	by	appointment.		...	...
Ultra-Violet rays	...	By appointment					

* These Clinics are held at Bluecoat House † 2nd & 4th Thursdays of Month

† School Nurse attends weekly

MENTAL HEALTH SERVICE.

(i) Administration.

- (a) Mental Health Sub-Committee of the Health Committee which meets monthly.
- (b) The staff is comprised of the Medical Officer of Health who is the Supervising Officer under the Mental Deficiency Acts, two Mental Health Officers, both of whom are duly authorised officers, the Occupation Centre Supervisor and her two unqualified assistants. Psychiatrists from the Bath Group of Hospitals and from the Mendip Hospital are available for consultation, though not holding any appointment with the Local Authority. The Local Authority with the Mendip Hospital share the services of a psychiatric social worker equally.
- (c) Patients on trial from mental hospitals are visited at the request of the hospitals, and supervision is provided for Bath patients on licence from institutions for mental defectives. Female patients on licence to residential domestic service in the City are supervised by Health Visitors. Relatives are invited to accompany patients to hospital in suitable cases, and nursing escorts for removal of patients from St. Martin's Hospital, Bath, to Mendip Hospital, Wells, are provided when staff is available.
- (d) No duties are delegated to Voluntary Associations.
- (e) Mental Health Officers and Occupation Centre Staff have attended short Refresher Courses.

Care of Mental Defectives. General arrangements remained unchanged. On 31st December, 1954, the Health Committee were responsible for the home supervision of 115 persons who had been ascertained as mentally defective. This number did not include 127 Bath cases at institutions or those being supervised while on licence in the City.

	<i>Males.</i>	<i>Females.</i>	<i>Total</i>
(1) Under Guardianship ...	—	2	2
(2) Under Statutory Supervision	65	45	110
(3) Under Voluntary Supervision	2	1	3
(4) In Institutions (including cases on Licence) ...	73	54	127

9 males and 5 females were reported as mentally defective during 1954, of whom 12 were found to be "subject to be dealt with." 4 males and 2 females were notified by the Local Education Authority under Section 57(3) of the Education Act, 1944, and 3 males and 1 female under Section 57 (5) of the same Act. The remainder were notified through other sources. These cases were dealt with in the following manner :

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Admitted to Institutions (under Order)	—	1	1
Admitted to "Place of Safety"	—	—	—
Placed under Guardianship	—	—	—
Placed under Supervision	8	3	11

At the end of the year, 2 patients were awaiting admission to institutions, both of whom could be classed as urgent.

The Social Workers made 323 visits to the homes of cases under supervision, and in addition 35 special reports were supplied to Hospital Management Committees regarding holiday leave, licence, etc.

Both the Duly Authorised Officers are approved by the City Council to present Petitions under the Mental Deficiency Act, 1913, and during the year 9 petitions were presented, 4 of these on our behalf by other Local Health Authorities.

Five male patients and one female were admitted to institutions for short term care in accordance with Ministry of Health Circular 5/52. Where it is possible to obtain a vacancy it is most useful to be able to admit a mental defective to an institution for a short period in a case of urgency, i.e. where there is illness in the home, or where mental and physical distress caused by the constant attention required by the patient is affecting the health of the family.

Occupation Centre. No changes took place at the Occupation Centre for mental defectives at Millbrook Place. Those attending receive training in occupational work, such as needlework, rug-making, leatherwork, etc., as well as in speech and sense training. Transport to and from the Centre is arranged, and a mid-day meal is provided through the School Meals Service. The children held their Christmas Party, and there was also a most successful Sale of Work of the articles which had been made when over £200 was realised. At the end of the year, 30 of our home supervision cases were in attendance, of whom 17 were under 16 years of age.

By agreement suitable cases are admitted from the area of the Somerset County Council, and five attended during the year.

Inspectors from the Board of Control have visited the Centre on several occasions, and their reports on the organisation and staffing have been most satisfactory.

Lunacy and Mental Treatment. The number of cases dealt with under the Lunacy and Mental Treatment Acts during 1954 was as follows. (1953 figures are shown in brackets):—

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Admitted on 3 Day Order	60	107	167 (158)
Admitted on 14 Day Order	3	4	7 (13)
Admitted Summary Reception Order	13	27	40 (42)
Urgency Order	1	—	1 (—)
Admitted Temporary Order	7	3	10 (2)
Admitted Voluntary	32	59	91 (90)

Of the patients certified, 31 were dealt with after initial action under sections 20 and 21, and 9 direct.

8 patients under temporary order were dealt with after action under section 20, and 2 admitted direct.

Of the voluntary patients, 50 (15 male and 35 female) were dealt with after action under sections 20 and 21; and 41 (17 males and 24 females) direct.

It is of interest to note that of the 174 patients dealt with by initial action under Sections 20 and 21 of the Lunacy Act, 78 were over the age of 65 years, and of this number, 26 were over 80 years of age. 36 patients over the age of 65 years were accepted as voluntary patients, and thus the need for certification was avoided, and in a number of other cases it was possible to make alternative arrangements without legal action.

The number of patients who went to hospital under the provisions of the Mental Treatment Act increased from 92 in 1953 to 101 last year, and the number certified under the Lunacy Acts fell to 40. This trend, which has been apparent over the past few years, indicates a more enlightened attitude towards mental illness and its treatment.

Much of the work of the mental health officers of the Local Authority is directed in demonstrating to patients and relatives a more common-sense attitude to mental ill health, by encouraging early treatment at hospital and out patient clinics. Many cases come to the notice of the Department during the course of the year where it is possible to make satisfactory arrangements for the patient without recourse to statutory action.

The Psychiatric Social Worker took up her appointment on 1st July. Her duties include work in connection with Mendip Hospital in-patients resident in Bath, Psychiatric out-patients' Clinics, Weston Lodge Nursing Home and psychiatric duties for which the Local Authority in Bath is responsible, such as After-Care and Child Guidance Clinics.

The appointment has been made jointly by the Regional Hospital Board and Local Authority, and it would be inadvisable and impracticable to consider the work in two parts since most patients move from the field of Local Authority work to that of the Regional Hospital Board and back again. The terms of the appointment therefore make it possible for cases to be followed through by the P.S.W. wherever they may be, which is a great advantage. Another advantage is that in all fields the Psychiatric Social Worker is working in close touch with the Consultant Psychiatrists by whom patients are being or have been treated. The first report of the Psychiatric Social Worker is as follows:—

During the period from 1st July–31st December, 1954, 101 cases were referred to the Psychiatric Social Worker from a variety of sources. As is to be expected with a completely new appointment, some of the cases referred were not suitable for psychiatric social work, but even these have been useful in that they gave the Psychiatric Social Worker an opportunity of coming into close contact with other social agencies and of

interpreting her own function more clearly. Care has also been taken not to duplicate work already adequately covered, as for example, supervision of mental defectives. Although up to now no great use has been made of formal case conferences, there has been adequate opportunity for discussing cases informally with other Social Workers and Local Authority Departments, most of whom have shown great willingness to work with the P.S.W. The latter's function may often be to help psychiatric cases make use of the existing social services when their emotional attitude has prevented them from doing so, rather than for her to actually supply the service. For example, unemployment may be due to a patient's general attitude to work and the Labour Exchange, etc., and it is more important for her to help him sort out this difficulty than actually find him a job which he will not keep until his attitude has been modified.

Another of the Psychiatric Social Worker's functions is to act as a bridge between the mental hospital, psychiatric clinics and the community. This means putting across the importance of early treatment and the need for greater tolerance of psychiatric problems within the community. Much can be done in this respect through the discussion of cases with other Social Workers and agencies; more direct methods have also been employed, as for example, by giving talks to local committees and helping bodies such as Friends of Mendip Hospital and the Association of Parents of Backward Children.

Out-Patient Clinics

The Psychiatric Social Worker attends one Psychiatric Out-patient Clinic at St. Martin's Hospital and one at the Royal United Hospital weekly in order to obtain social histories of patients attending for the first time, and where necessary interview relatives of patients who are attending for treatment. In addition to actual work at the Clinic 16 cases have been referred to the P.S.W. for home visits, help in connection with employment or adjustment to the social environment.

Observation Ward

There have been 21 referrals from the Observation Ward at St. Martin's Hospital. Most cases are referred for social histories in order to assist in diagnosis, or to help the patient to adjust himself after discharge, either in relation to practical matters such as convalescence, employment, etc., or by giving support during the period immediately after the patient leaves hospital. This latter is particularly important for those who have had a course of electrical treatment during their period in the Observation Ward. On an average, two visits a week are made to this Ward, one with the Consultant Psychiatrist.

Weston Lodge

Eight cases were referred from Weston Lodge. Most of these were for help with immediate rehabilitation; with others a longer period of follow-up is required. Other cases which were admitted to Weston Lodge were seen before and after admission at one of the Out-Patient Clinics.

Mendip Hospital

Thirty-two cases were referred. (This does not include those referred on admission to the hospital but already known to the Psychiatric Social

Worker). Patients being admitted for the first time are referred for a social history. This gives the P.S.W. an opportunity of making early contact with the relatives and answering their questions about the hospital. Once this contact has been made it is easier for them to come of their own accord to see the Psychiatric Social Worker should they have any particular problem. Many come with requests for help in practical matters, but there is usually an opportunity and need to help relatives in connection with their emotional attitude towards the patient and the whole question of mental illness. In addition others have been referred for follow-up after discharge until they appear to have settled into the community again, or where their recovery has been less complete (i.e., discharged to the care of their relatives), for support to the relatives to cope with the patient at home. There have also been referrals of cases still in hospital who wanted help in connection with their personal affairs.

Community Care

This is a less straightforward part of the work and the most recently developed from the point of view of psychiatric social work. There have been 24 referrals from a variety of sources including the Medical Officer of Health, School Medical Officers, General Practitioners, Health Visitors, Duly Authorised Officers, Hospital Almoners and Probation Officers. This work is of great importance since it provides an opportunity of helping people before they reach the stage of requiring psychiatric treatment. These include cases of senile-dementia whose relatives are anxious to look after them at home as long as it is possible: younger people discharged from hospital following attempted suicide, and those faced with the need for considerable emotional re-adjustment after some setback. Whilst the emphasis of this work is on prevention there are occasions when admission to hospital will be inevitable, and the period between can be used to support their relatives and prepare the way for eventual admission.

Children

The Psychiatric Social Worker has attended one session of the Child Guidance Clinic weekly. Parents of new cases are seen at home before they attend when the Psychiatric Social Worker obtains a full social history and explains the function of the Child Guidance Clinic to them. Some of the parents of those children attending regularly for treatment are seen by the P.S.W. at the Clinic. In addition 9 cases have been referred by the Psychiatrist for home or school visits.

The School Medical Officers have also referred 7 cases where it was felt that there was no need for the child to attend for treatment but that the parents would benefit and appreciate help in dealing with the beginnings of behaviour problems.

One of the difficulties which has shown itself fairly early is that of finding suitable occupation for patients in the younger age group, i.e., under 40, who have had a serious breakdown and are not employable. With nothing to do except sit about at home, these people (besides becoming a great strain on their families) develop a feeling of purposelessness and deteriorate rapidly.

This problem will only be solved with the closest co-operation of the voluntary services and Welfare Department (since most of these people will be on their register of handicapped persons). It should be possible to find some form of useful occupation which will help them to feel that they have a purpose in life and to get them out of their homes for a few hours a day.

MISCELLANEOUS.

Nursing and Maternity Homes Registration.

1954	Nursing Homes only	Maternity Homes only	Combined Nursing & Maternity
Homes removed from Register —	—	—
Homes added to Register	.... 1	—	—
Leaving at end of year ...	.... 9	1	3

Each Nursing or Maternity Home is visited periodically by a Medical Officer. No action was considered necessary and there were no appeals. Of the 255 beds provided by these homes, 19 were for maternity cases and the remainder for general nursing.

Nurses' Agencies Regulations, 1945. These Regulations, made by the Minister of Health in accordance with Part II. of the Nurses Act, 1943, deal with the conditions under which licences may be granted by the Local Authority to persons desiring to carry on an agency for the supply of nurses. They are administered in Bath through the Health Committee.

One Agency was licensed at the end of the year.

Superaunuation Examinations. The number of examinations of Council employees carried out through the department mainly by the Health Department medical staff, for superannuation and other purposes, during 1954 was 147. In addition, 38 examinations were carried out for other authorities. An X-Ray examination of the chest is now carried out in respect of each candidate for Council employment.

National Assistance Act. No action was necessary during the year to remove persons requiring hospital care and attention under the provisions of the National Assistance (Amendment) Act, 1951. Numerous cases are brought to the notice of the Department, but usually it is possible to make other arrangements either through the Welfare Officer or by Home Nursing and Home Help assistance in the home.

National Blood Transfusion Service. The local Organiser of the Service reports on the work during 1954 as follows:—

During 1954, the Bath Red Cross Division had 17 sessions, 10 in Bath, 4 at Admiralty Departments, 1 at Keynsham, and 2 at a local

factory. A total of 1,878 donors attended, and 1,745 bottles of blood went to the local hospitals. This is an increase of 103 donors on 1953.

The quota of donors for Bath for the year is 1,600, but because of losses on the panel of donors, because of transfer, illness, etc., 250 new donors are urgently required to keep the panel going.

Meteorological Observations. Daily meteorological readings are taken at the Council's enclosure at Henrietta Park. The following are notes of interest in respect of the readings taken during the year. A summary of observations is given on page 87.

A second meteorological station was established during the year at the City of Bath Boys' School, some 300/400 feet above sea level. The readings are taken by the senior boys at the school under the supervision of the geography masters, and apart from providing an interest in the boys' studies, the results should give interesting comparisons with the readings taken at the Henrietta Park Station, which is much nearer sea level.

RAINFALL:

Total for the year—37.49 ins. on 202 wet days. 13.76 ins. more than 1953.

Average for 85 years—30.73 ins. on 166 wet days.

Greatest fall in 24 hours—.90 ins. on 12th June.

November with a total of 6.79 ins. was the wettest month for three years.

April was the driest month with a total of .36 ins. Driest month for nearly 4 years.

SUNSHINE:

Total for year—1382.3 hours. (1552.4 hours 1953). This was the duller year since 1936.

Average for 50 years—1528.6 hours.

April was the sunniest month (225.1 hours) and December the duller with 44.3 hours.

Sunniest day, 7th July with 14.5 hours.

TEMPERATURES:

Highest Maximum—80.1 on 1st September.

Lowest Minimum—13.0 on 28th January.

Mean for the year—49.7.

Mean average for 50 years—50.0.

RELATIVE HUMIDITY:

The mean for 1954 was 78%.

SANITARY CIRCUMSTANCES OF THE AREA.

Water Consumption. Frequent Bacteriological and Chemical Analyses taken during the year show that the normal high standard of purity and quality has been maintained due to constant and effective watchfulness.

In August 1954, work on the Pumping Station at Stowey Works of the Bristol Waterworks Company had reached a point where it was possible to pump water from the Company's Sherborne Spring supply. Simultaneously, the Corporation works comprising the main from Stowey to Bath and the Clutton Reservoir were sufficiently far advanced to allow the water to be passed forward to Bath. The wet weather however, rendered such assistance unnecessary, full supply both for domestic and trade purposes being maintained from the Corporation's own sources.

At the end of the year the Bristol Company's Chew Valley Works and the Treatment section at Stowey Works both reached a stage where it was possible for the Company's Engineer & Manager to certify that the full quantity of 2.37 million gallons per day of treated water was available whenever needed for the augmentation of the City Supply.

Neither the existing sources nor the bulk supply have any appreciable plumbo-solvency action.

With very few exceptions all Bath houses have access to a piped supply from the Corporation mains. Although not all have "exclusive use" as envisaged by the questionnaire embodied in the 1951 Census Form.

HOUSING.

(A). INDIVIDUAL UNFIT HOUSES. Details of action taken are given in the following table.

HOUSING STATISTICS

Number of new houses and flats completed during the year 1954:—

By the Local Authority:—

Permanent	...	...	...	...	90
By other bodies and persons	...	...	...	...	146

The dwellings erected by the Local Authority consisted of the following:—

30	Two bedroom dwellings
32	Three bedroom dwellings
13	One bedroom flats
8	Two bedroom flats or maisonettes
7	Three bedroom flats or maisonettes

The private enterprise building comprised 140 new houses, and 6 additional units of accommodation from the reconstruction of 4 war damaged houses.

1 *Inspection of Dwelling-houses during the year:—*

(1) (a)	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	...	888
(b)	Number of inspections made for the purpose	...	...	...	...	2692

(2) (a) Number of dwelling-houses (included under sub-head (1), above), which were inspected and recorded under the Housing Consolidated Regulations, 1925	...	...	...	...	248
(b) Number of inspections made for the purpose	...				248
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...	...	185
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	...	...	...	...	70
2. <i>Remedy of Defects during the year without Service of formal Notices :—</i>					
Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	...	...	...	...	67
3. <i>Action under Statutory Powers during the year :—</i>					
(a) Proceedings under sections 9, 10 and 16 of the Housing Act, 1936					
(1) Number of dwelling-houses in respect of which notices were served requiring repairs	...	...			—
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—					
(a) By owners	...	...	...	...	—
(b) By local authority in default of owners	...				—
(b) Proceedings under Public Health Acts :					
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	...	...	...	...	299
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—					
(a) By owners	...	...	...	...	42
(b) By local authority in default of owners	...				—
(c) Proceedings under sections 11 and 13 of the Housing Act, 1936 :					
(1) Number of dwelling-houses in respect of which Demolition Orders were made. (Undertakings in lieu of demolition orders, 36)	...	...	...		26
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	...	...	...		14
(3) Number of dwelling-houses in respect of which Closing Orders were made	...	...	...		4

(d) Proceedings under section 12 of the Housing Act, 1936 :

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	5
(Undertaking in lieu of Closing Order, 1)	
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	1

4. *Housing Act, 1936—Overcrowding.*

(a)—(i) Number of dwellings overcrowded at the end of the year	83
(ii) Number of families dwelling therein	101
(iii) Number of persons dwelling therein	414
(b)—Number of new cases of overcrowding reported during the year	81
(c)—(i) Number of cases of overcrowding relieved during the year	69
(ii) Number of persons concerned in such cases	354
(d)—Particulars of any cases in which dwelling houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding	—
(e)—Any other particulars with respect to overcrowding conditions upon which the Medical Officer of Health may consider it desirable to report.	—

(B). UNHEALTHY AREAS.

As far as actual achievement since 1933 is concerned, the position at the end of 1954 in regard to the confirmed areas was as follows:—

PRE-WAR SCHEMES.		At end of 1953	During 1954	At end of 1954
No. of persons displaced	....	1289	3	1292
„ „ „ awaiting displacement		11	—	8
„ „ houses demolished	....	374	7	381
„ „ „ to be demolished	....	22	—	15
POST-WAR SCHEMES.				
No. of persons displaced	....	189	196	385
„ „ „ awaiting displacement		536	—	340
„ „ houses demolished	....	67	56	123
„ „ „ to be demolished	....	140	—	84

(C). OVERCROWDING. The official figures for 1954 are to be found above.

Inspection and Supervision of Food. See pages 59 to 75,

INFECTIOUS DISEASE

An analysis of notifications received during 1954 in relation to the age and sex of the patients is given on page 84. On page 10, notifications, attack rates, deaths and death-rates, of the principal diseases are summarised and the figures compared with similar ones for previous years. Further details in regard to particular diseases are given below.

Diphtheria. For the first year in the history of the Health Department in Bath, no cases of diphtheria were notified. This is not to say that the battle against this disease has been finally won. The present happy situation can be sustained only by constant vigilance, and the co-operation of the parents in ensuring that their children receive immunisation against it.

Scarlet Fever. The number of cases notified fell from 91 to 46. Cases continued to be of a mild type and an increasing number are being nursed at home, only 8 being admitted to hospital.

Measles. Notifications numbered 23 as against 1,659 for last year. Measles has a bi-ennial periodicity.

Whooping Cough. Notifications were well below the average, 146 as against 91 the previous year. There were no deaths.

It will not be possible to express any opinion on the local value of immunisation for several years as outbreaks of whooping cough have not the regular periodicity of measles, but occur irregularly at 2 to 4 year intervals.

Acute Poliomyelitis. There were 7 notified cases of poliomyelitis with some form of paralysis in 2 instances. There were no deaths.

Dysentery. 22 cases of dysentery were notified compared with 29 in 1953.

The majority of the cases notified occurred at two of the Local Authority's primary schools, and enquiries indicated that there were a number of further cases not formally reported. In several instances a doctor was not called in, and it appeared that the extent of the outbreak might have been reduced if early advice had been sought by parents whose children had symptoms of diarrhoea and vomiting.

Food Poisoning. Two cases of food poisoning were notified, both due to salmonella typhimurium infection. In neither case was the cause discovered.

The work of the Department is often hampered by the late notification of the case, and when the Sanitary Inspector makes his enquiries, it is often found that the patient is recovering or has recovered already, and any suspected food has been disposed of.

CASES OF INFECTIOUS DISEASE NOTIFIED, ADMISSIONS TO
ISOLATION HOSPITAL, AND DEATHS DURING THE YEAR 1954.

Disease.				Total Cases Notified.	Cases admitted to Hospital.	Total Deaths
Scarlet Fever	...	...	...	46	8	—
Diphtheria	...	...	...	—	—	—
Food Poisoning	...	...	...	2	—	—
Puerperal Pyrexia	...	...	...	8	—	—
Pneumonia	...	...	...	38	2	1
Erysipelas	...	...	...	5	2	—
Measles	...	...	...	23	5	—
Whooping Cough	...	...	...	146	4	—
Acute Poliomyelitis	...	...	...	7	7	—
Dysentery	...	...	...	22	9	—

An analysis of cases under age groups will be found on page 84
and for deaths on pages 85 and 86.

ANNUAL REPORT

OF THE
CHIEF SANITARY INSPECTOR
 (and Chief Housing Inspector)
 For the Year 1954

TO HIS WORSHIP THE MAYOR AND THE ALDERMEN AND
 COUNCILLORS OF THE CITY OF BATH

MR. MAYOR, LADIES AND GENTLEMEN,

I have pleasure in presenting my Annual Report on the sanitary administration of the City during the year 1954.

At the time the Food and Drugs Act, 1938, came into operation (1.10.39), there were in use in the City 16 private slaughterhouses but owing to the war the Government in 1939 introduced a centralised system of slaughtering under Government control which resulted in all except 5 of the slaughterhouses being closed, and these were subsequently closed in July, 1942. Slaughtering at private slaughterhouses again became permissible, subject to licence by the local authorities, on 2nd July, 1954, and slaughtering at 4 slaughterhouses in Bath was resumed. During the period July to December, 1954, the number of animals slaughtered at these 4 premises totalled 7,849 and 100 per cent. examination of the carcasses and organs was made, which reflects very creditably on the work of your inspectors.

Supervision of the preparation, storage and handling of food again received a good deal of attention but the continued education of food handlers is still very necessary if the risks of food poisoning are to be reduced. It is very satisfactory to report that less than 2 per cent. of the samples of food and drugs submitted for examination were reported as not genuine. Bacteriological examination of milk and ice-cream revealed a very satisfactory position.

Demolition of houses in the Snow Hill area continued but owing to shortage of houses it was deemed inadvisable to proceed with the representation of other areas of unfit houses—including the Calton Road Area. For the same reason action was deferred in respect of a number of unfit basements which were used for human habitation.

New legislation brought additional work in connection with the grants and loans for the conversion or repair of dwelling houses and the issue of certificates of disrepair in respect of premises not wholly fit for habitation.

To all members of the department I am indebted for the valuable service they rendered throughout the year, often under very difficult circumstances. To Dr. Weston I extend sincere thanks for his excellent co-operation and I wish also to thank the Chairman and Members of the Health and Housing Committees for their support.

I am, Mr. Mayor, Ladies and Gentlemen,

Yours faithfully,

A. TYLER,

*Chief Sanitary Inspector and
 Chief Housing Inspector,*

Bath, 1955.

SECTION I.

HOUSING.

Slum Clearance :

Pre War schemes : Seven of the remaining houses in Clearance Areas confirmed before 1939 were demolished during the year leaving 15 houses still to be cleared.

Post War schemes :

Snow Hill : The Snow Hill areas Nos. 1 and 2, contain a total of 207 houses to be demolished (200 confirmed following a public inquiry and 7 others to be acquired under the scheme). Of this total 56 were demolished during the year making a total of 123 demolished since the scheme commenced.

Individual unfit houses :

Action taken in respect of unfit Houses, Basements, etc.

(a) Demolition Orders served—(Section 11) :

4, Georges Buildings,				
35, High Street, Twerton,				
3—11, Trinity Square,				
1—5, Oolite Cottages,				
2, Budbrook Place,				
7, 8, 9, 14, 15, 18, London Place,				
1, 2, Skrines Place,				
3, Wellington Terrace	...	...	...	26

(b) Undertakings accepted in lieu of Demolition Orders (Formal procedure) :

12, Forester Lane,				
Cooper's Cottage,				
2, 3, 5, Georges Buildings,				
4, Trinity Place,				
1—5, Oriel Cottages,				
1—5, Davis Place,				
3, North Parade Passage,				
22, Lower Bristol Road,				
1, 2, Wellington Terrace,				
17, London Place,				
1—6, St. Swithin's Place,				
1—5, Nelson Terrace,				
Malthouse Cottage, Morford Street,				
20, Lansdown Road,				
1/2, Broad Quay,				
1/2, Prospect Place, Weston	...	...	...	36

- (c) Houses closed under Section 10, Local Government (Misc. Prov.) Act, 1953 :
- | | | | | | |
|------------------------|-----|-----|-----|-----|---|
| 2, Norfolk Terrace, | | | | | |
| 2, High Street, Weston | | | | | |
| 7, Caroline Terrace, | | | | | |
| 19, Lansdown Road ... | ... | ... | ... | ... | 4 |
- (d) Houses demolished following formal action :
- | | | | | | |
|---|-----|-----|-----|-----|----|
| 8, 9, 10, Skrines Place, | | | | | |
| Catherine Cottage, | | | | | |
| 41, 42, Calton Road, | | | | | |
| Westbury View Cottage, | | | | | |
| World's End Cottage, | | | | | |
| Catherine House, | | | | | |
| 8, 9, 10, 11, 12, St. Swithin's Place ... | ... | ... | ... | ... | 14 |
- (e) Houses in respect of which offers of work were accepted following formal procedure :
- | | | | | | |
|----------------------------|-----|-----|-----|-----|---|
| 35a, High Street, Twerton, | | | | | |
| 9, Prospect Place, Weston, | | | | | |
| 29, Whiteway Road ... | ... | ... | ... | ... | 3 |
- (f) Basements or parts of buildings in respect of which Closing Orders were made :
- | | | | | | |
|-------------------------------------|-----|-----|-----|-----|---|
| 5, Barton Buildings (basement), | | | | | |
| 132, Walcot Street (part premises), | | | | | |
| 25, New King Street (basement), | | | | | |
| 16, Camden Crescent (basement), | | | | | |
| 14, Beaufort West (basement) ... | ... | ... | ... | ... | 5 |
- (g) Basement Closed on Undertaking in lieu of Closing Order :
- | | | | | | |
|-----------------------|-----|-----|-----|-----|---|
| 4, Queen's Parade ... | ... | ... | ... | ... | 1 |
|-----------------------|-----|-----|-----|-----|---|
- (A Closing Order in respect of 26, Green Park (basement) was determined on completion of works which rendered the basement reasonably fit for human habitation). ... 1

Housing Act, 1949 :

(a) **Improvement grants :**

Grants for improvement of housing accommodation.

The Act enables local authorities to make improvement grants to private owners for the provision of dwellings by the conversion of houses or other buildings or for the improvement of dwellings. On receipt of an application the property is

inspected and a report submitted to the Housing Committee who decide whether a grant should be made. During the year, twenty-three applications were received.

A large amount of advisory work has been carried out in connection with these grants and this will probably be reflected in an increased number of applications in 1955.

(b) Advances :

Section 4, authorises local authorities to make advances for :—

- (i) acquiring houses,
 - (ii) constructing houses,
 - (iii) for converting other buildings into houses, or
 - (iv) altering, enlarging, repairing or improving houses subject to the house being made in all respects fit for human habitation.
- Twenty-five houses were inspected for this purpose during the year.

Housing Repairs and Rents Act, 1954.

(a) Certificates of disrepair :

Following the coming into operation of the provisions of this Act on the 30th August, 1954, three applications for Certificates of Disrepair were received and after inspection of the premises concerned, certificates were granted in all cases.

(b) Houses let-in-lodgings :

Section 11 replaces the power of local authorities to make byelaws relating to houses let-in-lodgings or occupied by more than one family by a general power to require an adequate provision of natural lighting, ventilation, water supply, drainage and sanitary conveniences, and facilities for storage, preparation and cooking of food, and for the disposal of waste water. Local authorities may serve notice on the person having control of the house, setting out the works which they consider necessary to make the house suitable for multiple occupation. The Corporation own quite a considerable number of houses of this type and it is hoped, therefore, that they will themselves take such steps as may be necessary to bring them up to the required standard.

Inspections and Re-inspections in connection with :—

Applications for Council Houses	...	...	...	1524
Applications for Grants under Housing Act, 1949	...	...	...	23
Applications for loans under Housing Act, 1949	...	...	...	25
Conditions in Corporation Houses	...	...	...	182
Housing conditions—Housing Act, 1936	...	...	...	1045
Common Lodging Houses	...	...	...	9
Houses let-in-Lodgings	...	...	...	10

Housing conditions—Public Health Act, 1936	...	1647
Prospective tenants	... ..	77
Permitted number of occupants in dwelling houses	...	21
Applications for Certificates of Disrepair	... ..	3
Property Enquiries:—Information was supplied regarding notices, etc., in respect of 707 premises.		

Works carried out, etc.

Dampness remedied	... ..	77
Domestic washing facilities provided	... ..	2
Food stores provided	... ..	14
Lighting and ventilation improved	... ..	8
Paving repaired	... ..	23
Roofs, gutters, etc. repaired	... ..	193
Sanitary accommodation provided or improved	...	41
Sinks provided or renewed	... ..	32
Miscellaneous repairs	... ..	260

Overcrowding.

Number of visits	... ..	127
New cases found	... ..	81
Cases abated	... ..	69
Cases still to be abated	... ..	83

SECTION II.

SANITATION.

Controlled Tipping.

Visits to controlled tipping sites totalled 153 and although two minor infestations of rats occurred there was no evidence of major infestations. It was evident, therefore, that the manner in which the tipping had been carried out was on the whole very satisfactory. It should also be remembered that prior to controlled tipping on the Victoria Brickworks site numerous complaints of infestation by rats and frogs were received.

Tents, Vans and Sheds.

Six new applications were received all of which were approved and one licence was renewed. Two trailer caravans were found stationed on land at Claverton Down without the necessary licence having been granted. The occupiers were interviewed and advised of the contravention, and they vacated the site the following day.

Smoke Abatement.

There was a substantial decrease in the number of smoke nuisances both in respect of industrial processes and dwelling houses. For a number of years the Ministry of Fuel, through its Regional Officers, rendered useful service in an advisory capacity, by inspecting steam plants where smoke nuisances arose and advising the proprietors of the action they might take. This work has now been transferred to the National Industrial Fuel Efficiency Service and although in certain instances a charge will be made for the service, it is hoped that proprietors will not hesitate to avail themselves of the advice and help which such a service can provide. Not only should this result in reducing smoke nuisances but should improve the efficiency of the plant.

The Beaver Report on Smoke Abatement published in 1954, has had quite an impact on public opinion and its first positive achievement appears to be that the importance and urgency of the problem of smoke abatement and its ultimate prevention have become more widely accepted than ever before. The report lays down the foundation not of a clean air policy only, but indirectly of a national fuel policy. Although the Beaver Committee aims in its final report towards a practical programme over the next ten years, Government legislative action will still be required to make it work. For so many years the prevention of atmospheric pollution has been regarded as a too costly and difficult business but the Report indicates that our admitted inability to do everything at once is not a valid excuse for doing nothing.

In dealing with Smokeless Zones, it was accepted that such zones are of more practical significance in the larger cities, whereas in Bath our main pollution problem is centred on domestic smoke and a few industrial processes. It is not anticipated, therefore, that the establishment of a smokeless zone will be necessary in Bath for some time; but we do look forward with interest to the modernisation of British Railways especially with regard to introduction of diesel power for shunting locomotives.

Flooding.

The number of houses affected by flooding was comparatively small. Supplies of disinfectant were made available for the occupiers of affected premises.

Complaints.

The number of complaints investigated was 1,734 an increase of 439 over the preceding year but the number of inspections and re-inspections over the same period was down by 976. This is one indication of the manner in which the general duties of the Department were adversely affected owing to the extra time which had to be devoted to meat inspection at slaughterhouses.

No. of Inspections and Re-inspections in connection with :—

Accumulations	89
Cesspools	25
Controlled tipping	153
Dirty premises	12
Drain testing (Smoke 90, chemical 127, colour 56) ...	273
Drainage	1011
Fairgrounds	7
Keeping of animals and poultry	85
Nuisances (Statutory 94, noise 19)	113
Offensive trades	8
Provision of dustbins	92
Provision of sanitary accommodation	38
Public conveniences	295
Rag flock and other filling materials	3
River and Canal Inspections	49
Rodent control (excluding visits by Rodent operators)	350
Schools, Public Buildings, Cinemas, etc.	30
Smoke nuisances (Industrial 43, Domestic 20) ...	63
Swimming Baths	28
Tents, Vans, Sheds	152
Water supplies	68
	<hr/>
	2944
	<hr/>
Complaints investigated	1734

Works completed, nuisances abated, etc. :—

Accumulations removed	72
Animals—nuisances from keeping, abated	8
Cesspools abolished and filled in	8
Cesspools emptied	4
Defective sewers repaired	43
Drains (repaired 70, reconstructed 46, unstopped 160)	276
Drainage work (other)	91
Dustbins provided	57
Pail closets converted to waterclosets	3
Smoke (Industrial 8, Domestic 7)	15
Water pollution abated	5

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SECTION III.

FOOD.

(A) INSPECTION AND REGISTRATION OF FOOD PREMISES

The increased attention given to the inspection of food premises in recent years was fully maintained, no less than 4,342 inspections and re-inspections being made, viz.:—

Bacteriological sampling of Milk	252
Bakehouses	133
Butchers Shops	165
Cafés, kitchens and canteens	187
Dairies, including Pasteurising Plant (16)	98
Examination of Foodstuffs	665
Fishmongers and Poulterers	47
Food Byelaws	49
Food and Drugs sampling	205
Food poisoning investigations	23
Food preparing premises	203
Food vehicles	28
Fried Fish Shops	39
Fruiterers and Greengrocers	94
Grocery and Provisions	197
Ice-cream Manufacturers	25
Ice-cream Vendors	155
Licensed premises	28
Meat Depots, Cattle Market and Provision Market	158
Merchandise Marks Act	35
Other Food premises	41
Slaughterhouses (Bacon factory 290, Private slaughterhouses 1092)	1382
Water Sampling	133
	<hr/> 4342 <hr/>
Food Complaints investigated	607

Contraventions dealt with:—

Accumulations removed	24
Constant hot water supply provided	50
Dirty food vehicles cleansed	3
Faulty handling or wrapping improved	7
Inadequate protection of foodstuffs improved	28

Personal hygiene improved	...	...	...	16
Provision of food receptacles	...	...	...	14
Provision of refuse receptacles	...	...	...	45
Repairs effected ...	...	...	...	65
Rooms or apparatus cleansed	...	...	...	51
Sanitary accommodation improved	...	...	...	18
Sinks provided ...	...	...	...	2
Soap and towels provided	...	...	...	42
Ventilation improved	...	...	...	10
Wash basins provided	...	...	...	36
				<hr/> 411 <hr/>

Food hygiene :

Despite the extensive propaganda carried out over the past eight years with regard to food hygiene and in spite of the facilities provided by proprietors of food premises, far too many instances were observed of unnecessary handling of unwrapped foodstuffs by shop assistants. This was particularly noticeable in the serving of meat products and pastries. Nevertheless our efforts in propaganda were continued and included a series of lectures given to students studying for the City and Guilds Certificates in Bakery and Catering, lectures to pre-nursing students, and students at the Domestic Science Training College and Kingswood School, and to various local organisations. Mr. G. W. Dhenin and Mr. R. J. Pendlebury gave the majority of these lectures, Mr. Read and myself giving the remainder.

Lead in Beer :

In a report on "Conditions in Licensed Premises" which I issued in 1950, reference was made to the presence of lead in beer and it is interesting, therefore, to learn that the Ministry of Food issued a Report (August, 1954) recommending that the amount of lead in beer should not exceed 1 part per million.

Registration of Food Premises (Food and Drugs Act, 1938. Sec. 14)

	Newly Registered	Discon- tinued	Total now registered
Preparation or Manufacture of sausages or potted, pressed, pickled or pre- served food ...	1	2	68
Manufacture and sale of ice-cream ...	—	2	6
Sale of Ice-cream ...	16	6	227
Storage of ice-cream intended for sale ...	—	—	1

Registration of Factories and Wholesale Premises (Food and Drugs Act, 1938. Section 34).

Eight premises were registered for the business of wholesale dealing in margarine.

Merchandise Marks Act, 1953 :

Observations were kept on various food premises to ascertain whether the provisions of the Act were being complied with. Imported tomatoes were exhibited at a number of shops without any indication as to the country of origin and the offenders were reminded of the provisions of the Act in this respect.

(B) FOOD AND DRUGS SAMPLING.

The number of samples submitted for analysis was 223 which represents approximately 2.78 per 1,000 of population. Four of the samples or approximately 1.8 per cent. were reported as not genuine.

A sample of gooseberry jam was found to contain 280 p.p.m. of aluminium and upon investigation it was found that the jam had been made by a housewife who had boiled the mix in an aluminium saucepan.

Two samples of boracic ointment contained 10.4 per cent. and 1.2 per cent. respectively of boric acid which was in excess of the amount permitted by the B.P. (1953). Enquiries revealed that the samples were from old stock. The remainder of the stock was surrendered.

A consignment of cherries in syrup was found to contain a large number of blown tins. Specimen tins were examined at the laboratory and found to contain 110 p.p.m. of iron and 90 p.p.m. of tin, showing that considerable chemical action had occurred. These quantities of metals were not considered harmful but the effect upon the taste was such as to render the contents unpalatable. The affected tins in the consignment were surrendered.

Other unusual conditions :

A sample of dried prunes contained a trace of lead (2 p.p.m.). Normal preservatives were absent but 400 p.p.m. of silica were washed off the outside, the function of which appeared to be to preserve the fruit against insect attack. In view of correspondence with the Ministry of Food it was decided that no action should be taken.

A sample of tinned prunes in light syrup contained 658 p.p.m. iron. Iron cannot be considered as a poisonous metal but an excess can render this commodity unpalatable. After consultation with the Public Analyst it was decided that the article should be regarded as unsaleable but not unfit for human consumption.

A sample of soft drink (cherry flavour) was found to possess a "musty" odour which the public analyst considered to be due to chlorinated water used in the manufacture of the beverage. The facts were reported to the manufacturers who stated that they had been acquainted with the details of the complaint and would continue to exercise strict supervision and endeavour to avoid the use of certain types of bottles and stoppers.

The following table shews the types of food submitted for analysis and those which were found to be adulterated :—

<i>Article</i>	<i>Samples Examined</i>		<i>Samples Adulterated</i>	
	<i>Informal</i>	<i>Formal</i>	<i>Informal</i>	<i>Formal</i>
Almond flavouring essence...	1	—	—	—
Almond paste	1	—	—	—
Beer	2	—	—	—
Boracic Ointment B.P. ...	1	1	1	1
Bread	2	—	—	—
Brisket of Beef	1	—	—	—
Bronchial Tablets	1	—	—	—
Butter	5	—	—	—
Castor Oil	1	—	—	—
Cheese	2	—	—	—
Cherries Glacé	2	—	—	—
Cherries—tinned	1	—	1	—
Chicken soup	2	—	—	—
Chocolate biscuits	1	—	—	—
Christmas pudding	3	—	—	—
Codeine tablets	1	—	—	—
Coffee and Chicory essence..	2	—	—	—
Cooking fat	3	—	—	—
Condensed milk	1	—	—	—
Confectionery (sugar) ...	40	—	—	—
Corned beef	1	—	—	—
Corn flour	1	—	—	—
Cough mixture	1	—	—	—
Crab meat	1	—	—	—
Crab paste	1	—	—	—
Cranberries	1	—	—	—
Cream	3	—	—	—
Creamola foam crystals ...	1	—	—	—
Crystalised ginger	1	—	—	—
Currants	1	—	—	—
Curry Powder	1	—	—	—
Dandies (jellicup)	1	—	—	—
Dates	1	—	—	—
Desert powder	1	—	—	—
Dried apricot	1	—	—	—
Dried figs	1	—	—	—
Dried fruit salad	2	—	—	—
Dripping	2	—	—	—
Figs	1	—	—	—
Fish Paste	1	—	—	—
Fruit cake	1	—	—	—
Fruit sauce	2	—	—	—
Gin	—	1	—	—
Glucose Lemon and Barley Powder	1	—	—	—

<i>Article</i>	<i>Samples Examined</i>		<i>Samples Adulterated</i>	
	<i>Informal</i>	<i>Formul</i>	<i>Informal</i>	<i>Formal</i>
Glycerine (pure)	1	—	—	—
Grapefruit	1	—	—	—
Ground Ginger	1	—	—	—
Ham and Veal loaf	1	—	—	—
Herring Roes	1	—	—	—
Jam	13	—	1	—
Jelly	2	—	—	—
Lemons	1	—	—	—
Lemon flavouring	1	—	—	—
Lemon pie filling	1	—	—	—
Liquorice and Menthol pellets	1	—	—	—
Malt Extract	1	—	—	—
Margarine	5	—	—	—
Marmalade	4	—	—	—
Marzipan	1	—	—	—
Meat paste	3	—	—	—
Milk	5	12	—	—
Mincemeat	2	—	—	—
Mint	1	—	—	—
Nuts and Raisins	1	—	—	—
Olive Oil B.P.	1	—	—	—
Oranges (examined for Thioruea)	2	—	—	—
Oranges in syrup	1	—	—	—
Pastry	3	—	—	—
Pepper	2	—	—	—
Pilchards	2	—	—	—
Pineapple chunks	1	—	—	—
Polonies	1	—	—	—
Prunes (dried)	2	—	—	—
Prunes (syrup)	1	—	—	—
Pudding pancake	1	—	—	—
Raspberries in syrup	1	—	—	—
Rhubarb in syrup	1	—	—	—
Rum	—	1	—	—
Sago pudding	1	—	—	—
Sandwich spread	1	—	—	—
Sardines	4	—	—	—
Sauce	4	—	—	—
Sausages (beef)	2	—	—	—
Sausages (pork)	5	—	—	—
Soup	5	—	—	—
Soft drinks, cordials, etc.	5	—	—	—
Strawberries in Syrup	1	—	—	—
Sulphate tablets	1	—	—	—
Sultanas	1	—	—	—

<i>Article</i>	<i>Samples Examined</i>		<i>Samples Adulterated</i>	
	<i>Informal</i>	<i>Formal</i>	<i>Informal</i>	<i>Formal</i>
Swiss Roll	1	—	—	—
Tea	3	—	—	—
Throat Pastilles	2	—	—	—
Tincture of Iodine	1	—	—	—
Toothache tincture	1	—	—	—
Tomatoes (tinned)	2	—	—	—
Whiskey	—	1	—	—
	<hr/>	<hr/>	<hr/>	<hr/>
Totals	207	16	3	1
	<hr/>	<hr/>	<hr/>	<hr/>

Food Poisoning.

Only two official notifications were received of cases of suspected food poisoning, viz. :—

The first case concerned a woman who was taken ill with diarrhoea and sickness. Specimens taken from the patient were returned as positive to salmonella typhimurium, while specimens taken from the other members of the family were found to be negative.

The other case was in respect of a baby and in view of information ascertained from the mother, specimens of dried milk, ice-cream, mice droppings and also a dead mouse were submitted to the laboratory for examination but the results in each case were negative to salmonella and other intestinal pathogens.

A number of suspected cases in respect of which information was received from other sources was investigated, viz. :—

1. A local resident was taken ill on his return from a visit to S. Wales and a meal of oysters was suspected of being the cause. As a result however of investigations made in that area and from information obtained from the patient it appeared that it was not a case of food poisoning. It was learned that the patient had recently undergone an operation for duodenal ulcer, and was probably unwise in partaking of the various foods and drinks at the particular lunch at which oysters were also eaten.

2. Two members of the staff and two pupils at a school were taken ill and the symptoms suggested food poisoning. Extensive enquiries were made at the school and particular attention was paid to the methods adopted in food preparation. Specimens submitted for examination were sandwich spread, cheese pasty, and ham sandwich but in each case the report from the laboratory stated—"no organisms of the food poisoning group isolated"

3. A child aged $3\frac{1}{2}$ years became ill with diarrhoea and sickness. It was at first thought to be appendix trouble and the child was removed to hospital and her appendix removed. The condition did not clear and dysentery was suspected and the child was removed to another hospital. Investigations revealed that the child had lived in

North Africa and it was thought that she was probably an ambulant carrier and the inflamed appendix had caused the disease to 'flare up' to an acute stage. Enquiries were continued with particular regard to certain meals partaken by the family and a sample of pie-filling was submitted to the laboratory. The report subsequently received stated "it is more than possible that the vehicle of infection was the egg which had to be added to this confection in the course of preparation. No salmonella isolated."

4. A complaint was received that a woman had become ill after eating some cakes purchased at a local confectioners. On investigation it was evident that other foodstuffs might be implicated. The fact that the patient was normally subject to bouts of diarrhoea and was a native of Bermuda further complicated the enquiries and as portions of any of the suspected foods were not available pathological examinations were not possible. It was considered that this was not a case of food poisoning and that the complaint was probably more imaginary than real.

5. A doctor attending a woman patient asked for an examination of a sample of home-made jam, prepared by the patient. A sample was obtained and the public analyst reported as follows:—

"Poisonous metals were absent but 280 parts per million of aluminium was present."

It was ascertained that the jam had been boiled in an aluminium saucepan and the patient was advised of the risk which accompanies such a practice.

6. A woman employed as a cleaner in the Maternity Ward of a hospital was taken ill with severe diarrhoea for which she was receiving medical attention but the doctor notified the case as suspected food poisoning. Enquiries revealed that suspicion was directed to a meal comprising plaice, chip potatoes, bread and butter and in particular to the lard in which the plaice was cooked. The fact that the patient was allergic to plaice and also suffered from nervous trouble and muscular rheumatism further complicated the matter. It was considered that this was not a case of food poisoning but certain steps were taken with a view to the patient being employed in another part of the hospital.

7. A child aged 1 year 8 months was taken ill with diarrhoea and food poisoning was suspected. A specimen of the child's faeces was submitted to the laboratory but apparently proved negative.

8. Information was received of a suspected case of food poisoning in respect of a man who had vomited. Investigations failed to reveal any definite indications of food being involved.

(C) INSPECTION OF MEAT AND OTHER FOODS.

Following the revocation of the Livestock (Restriction on Slaughtering) Order a number of applications were received from owners of slaughterhouses who were desirous of resuming slaughtering on 1st July, 1954.

Applications for re-opening of private slaughterhouses :—

Applicant	Premises	Licences granted or refused	Remarks
Bath Wholesale Meat Traders' Association	Back Street	Granted	—
S. R. Howe	Back Street	Granted	—
G. Frayling	Weymouth Street	Granted	—
E. Hicks	Millbrook Place	Granted*	*After appeal against refusal.
W. J. Holloway & Son	Back Street	Refused	Subsequently a licence granted to use as lairs.
A. E. Wyatt	Northampton Buildings	Refused	—
R. P. Jones	Circus Mews	Refused	Notice of Appeal given but not proceeded with.
F. Brint	Claverton Bdgs.	Refused	—
E. S. Ford	Upper Lambridge Street	Refused	—
Palmer Bros.	Old Orchard, Walcot	{ Applications approved subject to certain works being carried out but by 31st Dec., 1954 this had not been done and consequently the slaughterhouses were not used.	
A. E. Wyatt	Lambridge Street		

This resumption of slaughtering in private slaughterhouses resulted in most difficult times for those sanitary inspectors who were required to carry out the work of meat inspection in addition to their normal duties. Meat inspection at the best of times is an onerous duty carried out under very trying and often unpleasant conditions, and sometimes at considerable risks to the inspectors. Added to this has been the working at all sorts of times from early morning until late at night—even on occasions until after mid-night, and on Sundays, for which there has been little recompense. The policy of taking time-off-in-lieu did not prove successful as it resulted in leaving insufficient time for the carrying out of other important duties. It was due almost entirely to the loyal and efficient service of the staff that a 100 per cent examination of carcasses and organs was achieved but a number of other duties suffered as a result and

it became obvious that additional staff would be necessary in order that the duties of the department as a whole might be satisfactorily maintained. (Approval was given in February, 1955, for the appointment of another District Sanitary Inspector).

Slaughter of Animals Acts, 1933-54.

Fourteen licences to slaughter or stun animals were granted during the year.

MEAT INSPECTION SERVICE.

Details of Carcases and Organs inspected and rejected as unfit for food (Form as set out by the Ministry of Health) are as follows:—

		Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs at Private S'houses	Pigs at Bacon Factory	Total
Animals killed	...	1796	638	742	2992	1681	22134	29983
Animals inspected	...	1796	638	742	2992	1681	22134	29983

All diseases except Tuberculosis :

Whole carcases	...	2	—	3	11	1	24	41
Carcases of which some part or organ condemned	...	610	266	5	504	281	1875	3541
Per cent. number affected	...	34.08	41.69	1.08	17.21	16.78	8.58	11.95

Tuberculosis only :

Whole carcases	...	5	7	2	—	—	21	35
Carcases of which some part or organ condemned	...	153	161	1	—	64	853	1232
Per cent. number affected	...	8.80	26.33	0.40	—	3.81	3.95	4.23

PRIVATE SLAUGHTERHOUSES, MEAT DEPOTS AND SHOPS.

Conditions rendering Carcase Meat and Organs
unfit for human consumption.

July 3rd—December 31st, 1954

DISEASE.	Cattle excluding Cows lbs.	Cows lbs.	Calves lbs.	Sheep and Lambs lbs.	Pigs lbs.
Abscesses	1046	438	—	56½	145¾
Actinomycosis	72	—	—	—	—
Actinobacillosis	6	—	—	—	—
Angioma	252	106	—	—	—
Arthritis	—	—	—	—	9
Bone Taint	537	—	—	—	—
Bruising	378¾	427	3	—	14¾
Cirrhosis	191	121	—	22½	82½
Contamination	5¼	—	—	—	2¾
Cyst. Bovis	24	65	—	—	—
Decomposition	1450	—	65	8½	175½
Emaciation	—	360	—	63	—
Fever	—	—	—	50	—
Fibrosis	145	118	—	—	—
INFLAMMATORY CONDITIONS—					
including Pleurisy, Pneumonia and					
Pericarditis	120	37	½	12	374
Jaundice	—	—	82	—	—
Mastitis					
(Acute Septic)	35	—	—	—	—
Melanosia	—	8	1	1	—
Milk Spots (Liver)	—	—	—	—	78½
Moribund	—	—	—	—	150
Nephritis	1	—	2	—	3
Oedema (Dropsy)	10	—	—	420	—
Parasites including					
Liver fluke	3403½	1712½	—	247	—
Other	168	9	—	677	40
Peritonitis (Acute diffuse septic)	672	—	—	66	—
Pyæmia	—	—	186	—	—
Septicaemia	—	—	—	66	—
Tuberculosis	7712	9370	126	—	447
Tumours	13	—	—	1	—
	16241½	12771½	466	1690¼	1522¾

Total = 14tons 11cwts. 3qrs. 16lbs.

*Two beef carcasses affected with C. Bovis released after detention for 21 days at 20° F.

BACON FACTORY

Conditions rendering Carcase Meat and Organs unfit for human consumption—1954

DISEASE.				Pigs lbs.
Abscesses	...	...	...	832
Actinomycosis	...	...	...	325 (1)
Arthritis	...	...	...	30
Bruising	...	...	...	1555 (2)
Cirrhosis	...	...	...	292
Congestion	...	...	...	180
Contamination	...	...	...	4
Emaciation	...	...	...	371 (2)
Fever	...	...	...	146 (1)
Hydronephrosis	...	...	...	305
INFLAMMATORY CONDITIONS— including :				
Pleurisy, Pneumonia and Pericarditis	...	...	...	6421
Mastitis (Localised)	...	...	...	470
Melanosis	...	...	...	196
Metaplasia	...	...	...	12
Milk Spots (Liver)	...	...	...	861
Moribund	...	...	...	974 (6)
Nephritis	...	...	...	59
Oedema (Dropsy)	...	...	...	193 (2)
Parasites	...	...	...	134
Peritonitis (Acute diffuse septic)	...	...	...	231 (1)
Pneumonia (Acute septic)	...	...	...	181 (2)
Pyaemia (Including joint ill)	...	...	...	1246 (4)
Septicaemia	...	...	...	391 (1)
Swine Erysipelas	...	...	...	314 (2)
Tuberculosis	...	...	...	25138 (21)
Tumours	...	...	...	3
Urticaria	...	...	...	10

				40874 (45)

Total = 18tons 4cwts. 3qrs. 22lbs.

The figures in brackets indicate the number of cases where it was found necessary to condemn the whole of the carcase and its organs.

Types of pigs slaughtered and examined at Bacon Factory :

Bacon Pigs	...	17,556	Porkers	...	2,745
Boars	...	72	Sows	...	1,761

Total — 22,134 (including 88 casualties).

Athrophic Rhinitis:

This is a disease affecting pigs and its existence was first confirmed in Britain in 1953, when an infection was attributed to an apparently healthy Landrace pig imported from Sweden. The disease is contagious and after early sneezing and snuffling a progressive deformity of the animal's face develops. It is now a notifiable disease.

At the suggestion of the Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries (Animal Health Division), Taunton, it was arranged that the Corporation's Meat Inspector carry out an examination of the nasal passages of at least ten per cent. of all pigs killed in the local bacon factory. The examination extended over the months of September, October and December. No evidence of the disease was detected.

31st August to 31st December, 1954.

	Baconers	Porkers	Boars	Sows	Total
Number of pigs killed at Bacon Factory ...	7295	560	22	704	8581
Number of heads examined (including 271 condemned on account of T.B. and other diseases) ...	814	17	1	69	901
					or 10.5%

It is pleasing to report that the downward trend in the percentage of pigs found to be affected with Tuberculosis during 1949-51 continued. The 1954 figures show 3.95 per cent. affected as compared with 4.25 per cent. in 1953, and was the lowest since records of this kind were first kept in Bath (1938). On the other hand, however, the percentage of pigs affected with diseases other than tuberculosis again shewed a substantial increase. During the period 1939-1942, the percentage dropped from 15 per cent. to 2.3 per cent. but from 1950 to 1953, increased from 2.0 per cent. to 5.97 per cent., and in 1954 reached 8.58 per cent. This might be accounted for by the large increase in the number of pigs affected with inflammatory conditions (pleurisy, pneumonia and pericarditis), pyaemia and bruising, or it may be that the increase is more apparent than real because some of the pigs condemned on account of tuberculosis were at the same time affected with other diseases, which might have justified partial or total condemnation, even if tuberculosis had not been so pronounced.

FOODSTUFFS CONDEMNED IN TINS, PACKETS, ETC.

		Tins or Wt. in				Tins or Wt. in	
Description		Pkts.	lbs.	Description		Pkts.	Lbs.
Apple Pudding	...	1	1	Pears	...	52	66 $\frac{3}{4}$
Asparagus Tips	...	1	1	Pineapple	...	150	177 $\frac{1}{4}$
Baked Beans	...	73	72	Pineapple Juice	...	3	3 $\frac{3}{4}$
Beans	...	29	31 $\frac{1}{2}$	Plums	...	352	487
Beans in Tomato Sauce	...	68	63 $\frac{1}{2}$	Raspberries	...	9	9
Beetroot	...	1	6	Rhubarb	...	3	3 $\frac{1}{2}$
Butter Beans	...	4	4	Salad	...	60	81 $\frac{3}{4}$
Carrots	...	29	29 $\frac{3}{4}$	Strawberries	...	42	56 $\frac{1}{4}$
Celery	...	3	2 $\frac{1}{2}$	Sugar Corn	...	1	1
Cereals—				Gherkins	...	1	2 $\frac{1}{4}$
Allbran	...	65	43 $\frac{3}{4}$	Ginger	...	1	$\frac{3}{4}$
Bran Flakes	...	22	11	Golden Syrup	...	2	2
Groats	...	6	3	Gravy Browning	...	1	$\frac{1}{2}$
Macaroni	...	5	2 $\frac{1}{2}$	Honey	...	4	4
Rice Crispies	...	11	3 $\frac{3}{4}$	Jam—			
Wheat Munchies	...	19	13 $\frac{3}{4}$	Apricot	...	22	42 $\frac{1}{2}$
Others	...	14	7	Apricot Pulp	...	3	32
Cheese	...	1	$\frac{1}{4}$	Blackcurrant	...	16	30
Chocolate	...	1	1	Raspberry	...	17	25 $\frac{1}{2}$
Cornish Pasties	...	1	2	Lemon Curd	...	1	6
Cream	...	19	8 $\frac{3}{4}$	Mixed	...	21	36 $\frac{1}{2}$
Curry Powder	...	1	$\frac{1}{2}$	Lemon Barley	...	2	2 $\frac{1}{2}$
Custard Powder	...	5	1 $\frac{1}{4}$	Lemon Squash	...	1	1 $\frac{1}{4}$
Dried Eggs	...	8	2 $\frac{1}{2}$	Macedoines	...	3	14
Fish—				Margarine	...	48	24
Cockles	...	1	$\frac{1}{4}$	Marmalade	...	8	13
Crab	...	11	1 $\frac{3}{4}$	Meats—			
Clam Powder	...	34	34	Beef in Gravy	...	1	1 $\frac{1}{4}$
Fish Balls	...	2	1 $\frac{3}{4}$	Beef Loaf	...	71	54
Fish Paste	...	4	$\frac{1}{2}$	Braised Kidney	...	5	3 $\frac{3}{4}$
Herring Roes	...	1	$\frac{1}{4}$	Brawn	...	3	5
Herring in Tomatoes	...	1	$\frac{1}{2}$	Brisket of Beef	...	26	100
Lobster	...	2	$\frac{3}{4}$	Corned Beef	...	83	236 $\frac{1}{2}$
Mussels	...	47	13	Corned Beef with Cereal	...	2	6 $\frac{3}{4}$
Pate-de-foie	...	5	1 $\frac{3}{4}$	Ham	...	35	316 $\frac{3}{4}$
Pilchards	...	29	21 $\frac{3}{4}$	Ham and Veal	...	25	100
Salmon	...	9	6 $\frac{1}{4}$	Jellied Veal	...	29	123 $\frac{1}{4}$
Sardines	...	746	100	Luncheon Meat	...	255	679 $\frac{1}{4}$
Silds	...	15	3 $\frac{3}{4}$	Lambs Tongue	...	14	10 $\frac{1}{2}$
French Cream Sandwich	...	1	$\frac{1}{2}$	Luncheon Tongue	...	7	42
Fruit—				Calves Tongue	...	1	1
Apples	...	7	6 $\frac{3}{4}$	Ox Tongue	...	26	113 $\frac{3}{4}$
Apricots	...	121	763 $\frac{1}{4}$	Ox Kidney	...	9	6 $\frac{1}{2}$
Assorted Mixed	...	35	48 $\frac{1}{2}$	Pork	...	52	181 $\frac{1}{2}$
Blackberries	...	2	7 $\frac{1}{2}$	Pork Roll	...	4	2
Blackcurrants	...	43	132 $\frac{1}{4}$	Pressed Beef	...	1	4
Cherries	...	185	194	Steak-in-gravy	...	7	7
Damsons	...	109	120 $\frac{1}{2}$	Steak and Mutton	...	18	18
Gooseberries	...	4	9 $\frac{3}{4}$	Steak and Vegetables	...	7	7
Grapefruit	...	50	57 $\frac{1}{4}$	Stewed Steak	...	119	118 $\frac{1}{4}$
Grapefruit Juice	...	11	12	Milk—			
Grapes	...	107	205 $\frac{1}{2}$	Condensed	...	119	128 $\frac{1}{2}$
Greengages	...	7	18 $\frac{1}{4}$	Evaporated	...	297	324 $\frac{1}{2}$
Loganberries	...	14	22	Powdered	...	5	6
Mandarines	...	1	$\frac{3}{4}$	Mixed Vegetables	...	6	4 $\frac{1}{2}$
Mango Slices	...	2	2 $\frac{1}{2}$	Onions	...	1	$\frac{1}{4}$
Olives	...	10	16 $\frac{1}{4}$	Peas	...	254	349 $\frac{1}{4}$
Oranges	...	29	19 $\frac{3}{4}$	Pickle	...	6	4 $\frac{1}{4}$
Orange Juice	...	31	83 $\frac{1}{2}$	Prunes	...	22	26 $\frac{3}{4}$
Peaches	...	113	116 $\frac{3}{4}$	Rennet	...	3	1
Peach Pulp	...	21	193 $\frac{3}{4}$	Salad Cream	...	1	$\frac{1}{2}$

Description	Tins or Wt. in	
	Pkts.	Lbs.
Sandwich Spread ...	1	$\frac{1}{4}$
Sausages—		
Cocktail ...	2	$\frac{3}{4}$
Luncheon ...	1	1
Pork ...	7	20
Shortening Powder ...	2	$1\frac{3}{4}$
Soup—		
Chicken ...	9	$7\frac{1}{2}$
Cream Pea ...	1	1
Kidney ...	3	2
Meat ...	1	$\frac{1}{2}$
Mock Turtle ...	7	$6\frac{1}{2}$
Mulligatawny ...	2	$1\frac{1}{2}$
Mushroom ...	37	$36\frac{1}{4}$
Irish Stew ...	15	15
Mixed ...	436	276

Description	Tins or Wt. in	
	Pkts.	Lbs.
Oxtail ...	2	$1\frac{3}{4}$
Scotch-broth ...	2	$1\frac{1}{4}$
Tomato ...	40	$36\frac{3}{4}$
Vegetable ...	2	$1\frac{3}{4}$
Spaghetti with Cheese	1	1
Spaghetti in Tomato	1	1
Spinach ...	74	$132\frac{1}{4}$
Sunny Spread ...	1	1
Tomatoes ...	239	298
Tomatoe Juice ...	14	$12\frac{3}{4}$
Tomato Ketchup ...	2	$10\frac{1}{2}$
Tomato Paste ...	4	$39\frac{3}{4}$
Tomato Puree ...	1	$\frac{3}{4}$

Total Weight : 7,494 $\frac{1}{4}$ lbs.

3 tons 6 cwts. 3 qrs. 18 $\frac{1}{4}$ lbs.

OTHER FOODS CONDEMNED

	Wt. in	
		Lbs.
Almond Macaroon Paste ...	...	14
Apples ...	3,160	
Apricots ...	52	
Bacon ...	88 $\frac{1}{2}$	
Bakewell Tarts ...	$1\frac{1}{4}$	
Baking Powder ...	34	
Cakes ...	$1\frac{1}{2}$	
Chicken Cutlets ...	$3\frac{1}{4}$	
Cheese ...	$13\frac{1}{2}$	
Cornish Pasty ...	$\frac{1}{2}$	
Duck Eggs ...	2	
Dripping ...	11	
Eggs ...	$12\frac{1}{2}$	
Fruit—Dried ...	14	
Ground Rice ...	337	
Gelatine ...	14	
Ham ...	$51\frac{1}{2}$	
Ham and Tongue—Pressed ...	1	
Haricot Beans ...	54	
Jellied Veal ...	9	
Marshmallows ...	$9\frac{1}{4}$	
McVita ...	6	
Meat—		
Brawn ...	$3\frac{1}{4}$	
Pork Brawn ...	2	
Pressed Beef ...	$\frac{1}{4}$	

	Wt. in	
		Lbs.
Meat Paste	35
Meat Roll	243
Peas	7
Picnic Roll	$7\frac{1}{4}$
Pork Pies	$8\frac{1}{4}$
Prunes	$786\frac{1}{2}$
Raisins	112
Rennet	$1\frac{1}{2}$
Sauce	$1\frac{1}{2}$
Sausages—		
Beef	$121\frac{1}{2}$
Luncheon	$6\frac{1}{2}$
Pork	$125\frac{1}{2}$
Savoury Ducks	$3\frac{1}{4}$
Semolina	30
Sponge Mixture	40
Sugar	40
Sultanas	180
Soup	112
Tongue	$\frac{1}{2}$
Vernicelli	20
Yeast	1,900

Total Weight : 7,676 $\frac{1}{2}$ lbs.

3 tons 8 cwts. 2 qrs. 4 $\frac{1}{2}$ lbs.

FISH CONDEMNED

	Wt. in	
		Lbs.
Cod Fillets	14
Herrings	3
Kippers	$257\frac{1}{2}$
Mackerel	14
Fillets (cured)	252
Cockles	8
Fish Trimmings	70
		<hr/>
		618 $\frac{1}{2}$

Total Weight : 5 cwts. 2 qrs. 21 $\frac{1}{2}$ lbs.

POULTRY CONDEMNED

	Wt. in	
		Lbs.
Fowls	48 $\frac{1}{2}$
Turkeys	$39\frac{1}{2}$
		<hr/>
		88

Total Weight : 3 qrs. 4 lbs.

MEAT CONDEMNED AT RETAILERS' PREMISES

	Wt. in	
		Lbs.
Lamb	44
Liver	$42\frac{3}{4}$
Pork	$40\frac{1}{4}$
		<hr/>
		127

Total Weight : 1 cwt. 0 qrs. 15 lbs.

Total Weights of Food Condemned.

	Tons	cwts	qrs	lbs
Meat at bacon factory ...	18	4	3	22
Meat at private slaughterhouses	14	11	3	16
Meat at retail prices ...		1	0	15
Fish ...		5	2	2½
Poultry ...			3	4
Foods in tins, packets, etc. ...	3	6	3	18¼
Other foods ...	3	8	2	4½
Total ...	39	19	2	26½

Disposal of Condemned Food.

	Tons	cwts	qrs	lbs
(a) Destroyed ...	7	0	0	6½
(b) Processing into inedible by-products ...	31	16	1	16½
(c) Returned to Ministry of Food Agents for processing (To 1st July, 1954) ...	1	0	1	21¾
(d) Processed at Corporation's pig food boiling plant ...		2	3	10
Total ...	39	19	2	26½

(D). (MILK AND DAIRIES).

Registration.

Number of registered dairies ...	...	...	9
„ „ distributors ...	...	...	59

Milk (Special Designations) Regulations, 1949.

One hundred and fifteen licences were granted:—

	Dealers	Supplementary
Tuberculin Tested ...	35	8
Pasteurised ...	37	7
Sterilised ...	24	3
Pasteuriser's Licence	—	1

Bacteriological Examination of Designated Milk.

Designation	Samples obtained	Failed Meth. Blue Test	Failed Phosphatase Test	Failed Turbidity Test
Tuberculin Tested ...	158	6	*	*
Pasteurised ...	56	0	1	*
T.T. Pasteurised ...	59†	0	1	*
Sterilised ...	1	*	*	0
Total ...	274	6	2	0

*Test not applicable.

†Includes 30 samples of Channel Island Milk.

The number of "consumer" samples of raw "tuberculin tested" milk obtained was 158 of which only 6 or 3.8 per cent. failed to pass the Methylene blue test.

Of the 116 samples of heat treated milk none failed the Methylene blue test and only two failed to pass the phosphatase test.

To supplement and check advisory work at the dairies, bottle rinses were obtained on three occasions. In one instance the result was regarded as unsatisfactory, and appropriate advice was given to the dairyman.

Biological Examination of Milk.

Fourteen samples of milk were submitted to biological examination and while all were returned as negative to tuberculosis, two of the samples were reported to be positive to brucellosis. The usual precautions were taken.

Visits to dairies totalled 98 including 16 inspections of the licensed pasteurizing plant.

(E). ICE CREAM.

Fifty-five samples of ice-cream submitted for examination to the Public Health Laboratory Service were graded as follows:—

Provisional Grade 1 ... 52 or 94.55%	}	Satisfactory = 100%
Grade 2 ... 3 or 5.45%		
Grade 3 ... Nil	}	Unsatisfactory = Nil
Grade 4 ... Nil		

These results were extremely satisfactory and indicate the high standard now reached in the manufacture and sale of ice-cream.

(F). WATER SAMPLING.

Of the 124 samples of water submitted for examination 28 were reported as unsatisfactory, but the majority of these were in connection with investigations carried out to trace sources of pollution in spring supplies.

The following table indicates the sources of supply from which samples were taken, and the number of samples unsatisfactory:—

Source of Supply	Number of samples examined	Number Unsatisfactory
Direct from City mains ...	7	0
From tanks supplied by City mains ...	3	1
Springs ...	61	20
Swimming Baths ...	53	7
Total	124	28

PUBLIC HEALTH LABORATORY SERVICE— MANOR HOSPITAL

The number of samples submitted to the above Laboratory for examination, totalled 500 and I have pleasure in recording my sincere thanks to Dr. P. Mann, Director, for his excellent co-operation and ready advice during the year.

Bacteriological examination :—

Milk	...	...	...	...	...	...	274
Milk bottle rinses (batches of 6)	...	...	...	...	...	...	3
Ice-cream	...	...	...	...	...	...	55
Water	...	...	...	...	...	...	124

Biological examination :—

Milk	14
------	-----	-----	-----	-----	-----	-----	----

In connection with food poisoning—sandwich spread, ham sandwich, cheese pasty, pie-filling, ice-cream, dried milk, mice droppings and a dead mouse	10
--	-----	-----	-----	-----	-----	-----	----

Tinned foods suspected as being unfit for human consumption—brisket of beef, luncheon meat, pork luncheon meat, cherries in syrup and grape fruit in syrup	12
--	-----	-----	-----	-----	-----	-----	----

Portions of flesh and organs from food animals suspected to be diseased or affected by parasites transmissible to man	8
---	-----	-----	-----	-----	-----	-----	---

Total	...	500
-------	-----	-----

SECTION IV.

INFECTIOUS DISEASES.

Visits of enquiry in connection with infectious and other diseases numbered 154, disinfection was carried out at 137 premises, viz. :—

Scarlet Fever	...	...	...	...	36
Tuberculosis	...	...	...	...	36
Poliomyelitis (confirmed and suspected cases)	...				16
Cancer	...	...	...	...	12
Scabies	...	...	...	...	2
Miscellaneous	...	...	...	...	35
					—
					137
					—

Disinfection of two premises outside the area was carried out at the request of Bathavon Rural District Council.

Disinfection of bedding, etc., was carried out on 16 occasions by steam and on 8 occasions by Formalin. The following is a list of the articles disinfected :—

			Formalin	Steam
Mattresses	...	...	4	19
Blankets	...	...	7	29
Sheets	...	...	2	2
Pillows	...	...	2	26
Clothing	...	...	39	65
Other articles	...	...	9	19
			—	—
			63	160
			—	—

Twelve persons were cleansed at the Manor Hospital Cleansing Centre.

SECTION V.

FACTORIES, SHOPS, OFFICES, ETC.

Factories Act, 1937 (Part 1).

Inspections for purposes of provisions as to health :—

	Number on Register	No. of Inspections	Written Notices
Factories without Mechanical Power	233	72	5
Factories with Mechanical Power ...	500	239	9
Others ...	29	18	0
		—	—
		762	329
		—	—
			14

		Defects		Referred	
		Found	Remedied	To H.M. Insp.	By H.M. Insp.
Want of Cleanliness	...	10	14	—	3
Overcrowding	...	—	—	—	—
Unreasonable Temperature	..	—	—	—	—
Inadequate ventilation	...	—	—	—	—
Inadequate drainage of floors	—	—	—	—	—
Sanitary Conveniences—					
(a) Insufficient	...	6	5	—	2
(b) Unsuitable	...	9	10	—	6
(c) Not separate for sexes	—	—	—	—	—
Other offences	...	—	1	—	—
Total		25	30	—	11

Outworkers.

Twenty-two outworkers were notified. Their premises were inspected and found to be satisfactory.

Shops Act, 1950.

Inspections and re-inspections	...	...	...	492
Forms and notices provided	...	...	...	24
Facilities for taking meals provided	...	...	...	—
Hours of Closing—contraventions	...	...	...	33
Hours of employment adjusted	...	...	...	3
Means of heating provided	...	...	...	2
Premises cleansed	...	...	...	1
Sanitary accommodation improved or provided	...	...	...	3
Seats provided	...	...	...	1
Sunday trading contraventions	...	...	...	4
Ventilation improved	...	...	...	1
Washing facilities improved or provided	...	...	...	10

Offices.

Sixteen offices were inspected but in no case was any statutory action necessary.

Bakehouses.

There were 28 bakehouses in use, (including one basement bakehouse) to which a total of 133 visits were made.

Rag Flock and other Filling Materials Act, 1951.

Three premises are registered as required by the Act.

Pet Animals Act, 1951.

The registrations in respect of three premises were renewed after inspection.

SECTION VI.

RODENT AND PEST CONTROL.

The following is a detailed report of the work carried out during the year, excluding the maintenance treatment of sewers (see next page).

	Corpora- tion Buildings	Business Premises	Dwell- ing Houses	Others	Total
Complaints received :					
Rats	9	50	185	12	256
Mice	9	49	195	1	254
Rats and Mice ...	Nil	14	13	1	28
Total	18	113	393	14	538
Premises found to be infested :					
On notification by Occupier :					
Rats	8	41	148	11	208
Mice	9	48	190	1	248
Rats and Mice ...	1	14	13	1	29
Total	18	103	351	13	485
On inspection :					
Rats	Nil	30	77	44	151
Mice	5	27	267	1	300
Rats and Mice ...	1	18	8	1	28
Total	6	75	352	46	479
Properties treated by Corpora- tion :					
	24	167	662	59	912
Properties treated by Occupier :					
	Nil	11	41	Nil	52
First inspections :					
	34	405	2,127	133	2,699
Re-inspections, visits for treat- ment, etc.					
	153	1,239	2,102	261	3,755
Total visits ...	187	1,644	4,229	394	6,454
"Block" control schemes carried out					
					55

Baits laid :

Prebait: (Rusk 96, Oatmeal 10)	106
Poison baits: Warfarin	7,583
Arsenious Oxide	28
*Zinc Phosphide	Nil
Red Squill	34
"Cymag" gas	15

*Zinc Phosphide was used, however, in sewer treatments.

Traps set	...	...	...	...	...	27
Bodies recovered: (Rats 160, Mice 382)	...	...	...	...	...	542
Drain tests carried out	...	...	...	...	...	47
Defective sewers repaired	...	...	...	...	...	43
Premises rat-proofed	...	...	...	...	...	21

Maintenance treatment of sewers.

For the tenth successive year maintenance treatment of sewers was carried out, and the results were as follows:—

	January.	June.
Poison used	Arsenic	Zincphosphide
Manholes treated	230	686
Pre-bait takes— Clear	118	182
Partial	11	128
Total takes	129	310
No takes	80	376
Unreadable	21	0

The June treatment was on a very comprehensive scale in order to check on the effectiveness of treatments over a number of years.

The old fallacy that rats and mice are rarely if ever found in the same building did not hold good in respect of 32 business premises and 21 dwelling houses where evidence was observed of infestation by rats and mice.

River Avon.

The banks of that section of the river between Kensington and the Pulteney Weir were surveyed and a few minor infestations discovered. Where there was a risk of swans reaching the baits, Red Squill was used; at all other places treatment was carried out with the use of "Cymag."

Other pests.

The number of infestations of pests other than rodents dealt with totalled 328, as enumerated hereunder, and included two of very unusual character:—

Ants	...	...	...	14
Beetles	...	...	...	23
Bugs	...	...	...	10
Cockroaches	...	...	...	79
Crickets	...	...	...	3
Fleas	...	...	...	32
Flies	...	...	...	16
Moths	...	...	...	1
Steam flies	...	...	...	12
Wasps	...	...	...	123
Miscellaneous	...	...	...	6
				—
				328
				—

Controlled tipping sites.

Controlled tipping was continued on a number of sites to which 153 visits were made. On four occasions evidence of rodent infestation at the Victoria Brickworks site was observed but they were only minor infestations and were speedily dealt with.

SECTION VII.

PUBLIC CONVENIENCES.

Claverton Street.

The new convenience in Claverton Street was completed and opened in October, 1954. This enabled us to demolish the obsolete and unsightly structure which had been in use for over sixty years. With the co-operation of the Parks Superintendent considerable improvements were carried out to the adjoining land.

Odd Down.

Plans were approved for the construction of a new convenience on the Odd Down Playing Field Site. (Work was commenced in March, 1955).

Walcot Street.

Proposals for extending the Cattle Market in Walcot Street, were still under consideration at the end of the year and the construction of a new convenience in the vicinity is envisaged in the final scheme.

Water consumption.

Total quantity used—1954 = 3,947,000 gals.

1953 = 2,257,000 gals.

Damage, etc.

Doors, locks, pans, seats, etc., stolen or damaged	...	243
Water pipes damaged or burst	... ..	147
Flushing cisterns repaired or adjusted	... ..	149
Drains choked	... ..	12
Miscellaneous repairs	... ..	149
		<hr/>
		700
		<hr/>

Baths, Washes and Cloakrooms—(Terrace Walk Conveniences).

			Men		Women	
			1954	1953	1954	1953
Baths	...	...	4321	4462	3876	3841
Washes	...	...	12404	12377	9636	10254
Use of Cloakrooms	...	...	3012	3793	2440	2530

NOTICES SERVED

Section I—Housing—

			Total
Housing Act, 1936, Section	9 (Repairs)	...	—
	„ 11 (Demolition)	...	137
	„ 12 (Closure)	...	8
	„ 59 (Overcrowding)	...	3
	„ 66 (Statement of persons sleeping in a house)	...	2
	„ 168 (Ownership, etc.)	...	123
Houses—let-in-Lodgings Byelaws	...	...	3

Section II—Sanitation—

			Informal.	Formal	TOTAL
Public Health Act, 1936.	Section 93, Nuisances, etc.	...	299	42	341
Public Health Act, 1936.	Section 39	...	—	17	17
„ „ „	„ 75	...	3	6	9
„ „ „	„ 79	...	—	—	—
„ „ „	„ 138	...	—	—	—
„ „ „	„ 45	...	—	1	1

Section III—Food—

Food and Drugs Act, 1938	...	...	76	—	76
Food Byelaws Notices	...	...	29	—	29
Ice-cream Regulations	...	...	—	—	—
Milk and Dairies Regulations, 1949	...	...	11	—	11
Public Health (Meat) Regulations, 1924-1952	...	...	—	—	—
Milk (Special Designation) (Raw Milk) Regulations, 1949-50	...	...	35	—	35
Milk (Special Designation) (Pasteurised) 1949-50	...	...	1	—	1

Section IV—Infectious diseases—

— — —

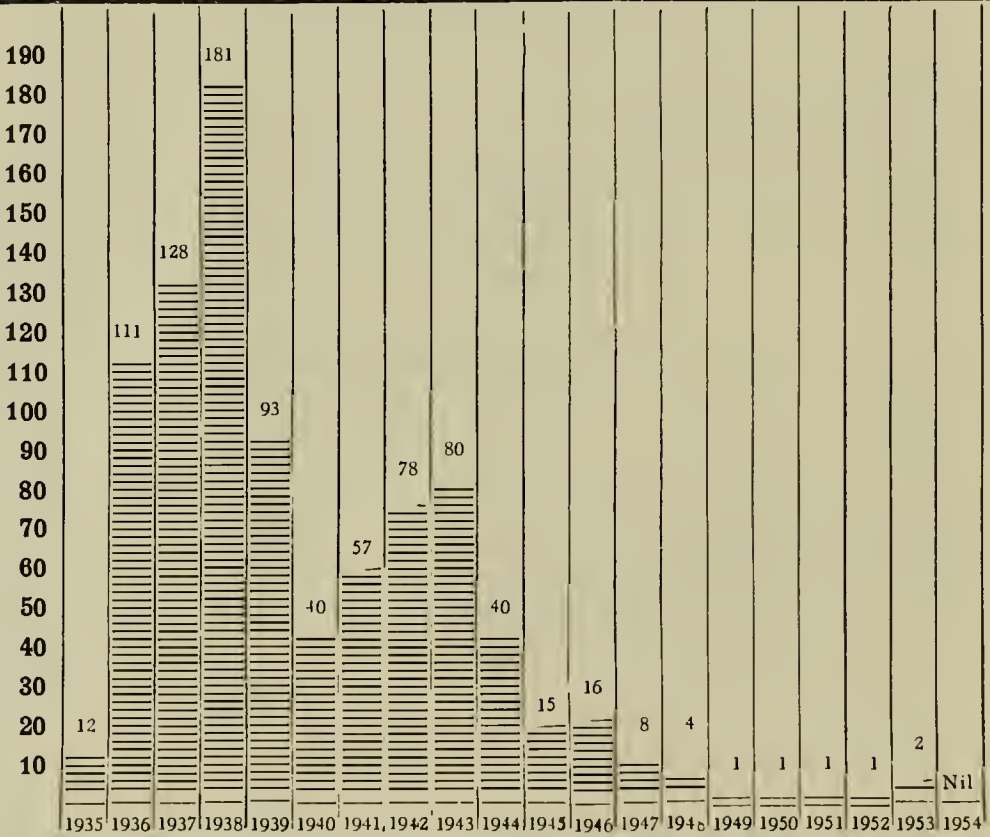
Section V—Factories, Shops and Offices—

Factories Act, 1937	...	...	24	—	24
Shops Acts, 1950	...	...	35	—	35
Pet Animals Act, 1951	...	...	—	—	—

Section VI—Rodent and Pest Control—

Prevention of Damage by Pests Acts, 1949	8	—	8
--	-----	-----	---	---	---

NOTIFICATIONS OF DIPHTHERIA, BATH 1935—1954



CASES OF INFECTIOUS DISEASE NOTIFIED DURING 1954

84

Cases Notified	At all Ages		Under 1		1-2		3-4		5-9		10-14		15-24		25-34		35-44		45-64		65 and over	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Scarlet Fever ...	24	22	...	...	1	2	8	4	12	15	3	1	...	...	...	2	...	...	4	5	4	2
Pneumonia ...	20	18	...	...	1	2	4	1	3	...	1	3	1	3	...	2	...	...	1	2	...	...
Erysipelas ...	3	2	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...
Puerperal Pyrexia ...	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Poliomyelitis ...	6	1	...	...	...	...	...	...	1	...	3	...	1	1	1	...	...	...	...	...	...	...
Dysentery ...	12	10	...	2	3	...	3	1	5	4	...	...	1	...	...	1	...	...	1	...	...	...
Food Poisoning ...	...	2	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
Measles ...	10	13	...	...	6	5	2	2	1	3	1	1	...	2	...	...	...	...	...	...	...	...
Whooping Cough ...	67	79	3	6	11	13	24	19	28	35	3	...	...	1	...	...	2	...	...	1	...	...
Pulmonary Tuberculosis ...	24	18	...	...	1	...	1	...	1	1	...	...	4	7	4	5	5	2	6	2	2	1
Other Tuberculosis ...	6	4	1	...	...	...	...	...	1	...	1	...	1	1	1	1	1	2	...	...	1	1
TOTAL NOTIFIED	172	177	4	8	23	23	42	27	52	58	9	8	7	18	6	14	9	6	13	11	7	4

NOTE—A Summary of Statistics relating to Number of Notifications, Number of Deaths, Incidence and

Death Rates of Infectious Diseases, will be found on page 10, an analysis of Deaths according to Age Periods on pages 85 and 86, and a further note in connection with the Notification of Tuberculosis on page 32.

Causes of, and Ages at, Death during the Year 1954

CAUSES	Persons	M	F	—1		1—2		2—5		5—10		10—15		15—20		20—25		25—35		35—45		45—55		55—60		60—65		65—75		75—80		80—85		85—	
				M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1 Tuberculosis, Respiratory	10	7	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2 Tuberculosis, Other	2	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3 Syphilitic Disease	2	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
4 Diphtheria ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5 Whooping-cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6 Meningococcal Infections	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
7 Acute Poliomyelitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8 Measles ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9 Other Infective and Para- sitic Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
10 Cancer of Stomach	28	11	17	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
11 Cancer of Lung, Bronchus	25	23	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
12 Cancer of Breast	18	...	18	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
13 Cancer of Uterus	10	...	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
14 Cancer, Other Sites	84	41	43	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
15 Leukæmia, Aleukæmia	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
16 Diabetes	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
17 Vascular Lesions Nervous System	154	53	101	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
18 Coronary Disease, etc.	113	68	45	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
19 Heart Disease with Hypertension	12	7	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
20 Other Heart Disease	173	47	126	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
21 Other Circulatory Diseases	51	24	27	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
22 Influenza	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

86	CAUSES	Persons	M	F	—1		1—2		2—5		5—10		10—15		15—20		20—25		25—35		35—45		45—55		55—60		60—65		65—75		75—80		80—85		85—		
					M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
23	Pneumonia ...	80	41	39	2	1	1	1	1	1	2	1	2	1
24	Bronchitis ...	40	27	13	5	1
25	Other Respiratory Diseases	7	7
26	Ulcer Stomach & Duodenum	11	10	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
27	Gastritis, Enteritis and Diarrhoea ...	6	4	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
28	Nephritis and Nephrosis...	17	8	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...
29	Hyperplasia of Prostate ...	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
30	Pregnancy, Childbirth, Abortion ...	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
31	Congenital Malformations	5	2	3	1	2	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
32	Other Diseases	67	30	37	13	3	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
33	Motor Vehicle Accidents	8	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
34	All other accidents	26	12	14	...	...	...	...	...	...	1	...	...	1	...	...	...	...	1	1	2	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
35	Suicide	11	6	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
36	Homicide, etc.	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTAL		972	443	529	16	6	...	...	2	1	2	...	2	...	...	...	6	11	7	9	8	34	23	25	27	44	31	115	128	78	73	67	110	35	112	
Inward Transfers		42	15	27	...	...	...	...	...	...	...	...	...	...	...	...	3	1	1	3	3	3	1	2	1	2	2	4	4	2	2	1	2	...	...
Outward Transfers		390	227	163	20	19	1	...	...	2	1	2	1	...	2	1	2	8	5	12	7	20	16	21	15	21	17	69	38	25	16	14	19	9	8	
Public Inst. (Residents) ...		428	231	197	15	5	...	...	2	1	2	...	2	...	...	...	1	10	5	10	8	14	13	14	14	25	12	57	55	35	28	37	25	10	28	

BIRTHS, DEATHS UNDER 1 YEAR, AND INFANT MORTALITY, 1954.

	Total			Legitimate			Illegitimate		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Births ...	551	492	1043	525	467	992	26	25	51
Deaths (under one year) ...	16	6	22	15	6	21	1	—	1
* Infant Mortality	29	12	21.1	29	13	21.2	38	—	19.6

* i.e., Deaths under one year per 1,000 live births

OPHTHALMIA NEONATORUM.

Cases.			Vision Unimpaired	Vision Impaired	Total Blindness	Deaths
Notified	Treated					
	At Home	At Hosp.				
—	...	--	—

SUMMARY OF METEOROLOGICAL OBSERVATIONS

Taken at 9 a.m. G.M.T., at Henrietta Park

1954		Jan	Feb.	Mar.	Apl	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Year.
Temperatures.	Mean ...	37.7	38.9	44.1	46.4	52.5	57.1	58.5	59.1	56.3	54.8	46.1	45.0	49.7
	„ 50 yrs Average	40.6	40.6	43.4	47.5	53.3	58.1	61.5	61.1	57.1	50.9	44.3	41.3	50.0
	Highest ...	56.8	53.5	60.9	62.3	75.4	70.2	70.7	76.8	80.1	68.9	59.9	58.9	80.1
	Date ...	15	22	11	15	12	22	19	31	1	2	11	2	Sept. 1
	Lowest ...	13.0	14.5	22.7	29.6	33.0	42.9	44.0	43.8	35.9	28.0	28.0	23.0	13.0
Rainfall.	Date ...	28	2	2	7/29	8	14	6 & 7	17	23	26	18	11	Jan. 28
	Humidity...	85	88	81	65	69	71	73	79	76	83	87	86	78
	Total in inches ...	2.41	3.29	3.81	3.36	2.20	4.50	2.52	2.94	3.50	2.84	6.79	2.33	37.49
	No. Wet Days	14	17	17	4	17	15	17	19	22	21	22	17	202
	Mean of 85 yrs. ...	2.85	2.26	2.11	2.07	2.11	2.04	2.60	2.84	2.55	3.22	2.93	3.15	30.73
	„ Wet Days ...	15	13	13	13	12	11	13	14	13	16	15	17	166
	Sunshine, hours...	59.6	74.7	98.3	225.1	142.6	150.3	136.7	134.2	170.7	91.7	52.1	46.3	1382.3
	Do. Mean of 50 yrs.	50.3	72.3	117.1	158.8	194.1	205.0	196.5	182.9	144.4	101.7	61.2	44.3	1528.6

ANNUAL REPORT

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

B. A. ASTLEY WESTON, M.B., Ch.B., D.P.H.
FOR THE YEAR 1954

CITY OF BATH EDUCATION COMMITTEE

Chairman: Alderman Major G. D. LOCK, M.B.E., M.C.

His Worship the Mayor (Mr. Councillor W. H. GALLOP)

Aldermen:—E. E. CLEMENTS, L. N. PUNTER

Councillors:—S. D. CHAPPELL, E. H. COX, C. E. S. DODD, R. F. EMMERSON
Mrs. A. M. FITZJOHN, M. L. GILES, K. J. GRAY, E. G. HASKINS, Miss
A. M. HICKS, Mrs. G. MAW, A. T. MORGAN, Mrs. M. E. POYNTON,
R. H. PURDIE, W. H. ROSSITER, Mrs. E. M. WILLIAMS

Co-opted Members:

Dr. A. H. ASHCROFT, The Ven. E. A. COOK, Mrs. A. CURTIS, Mr. R. O. H.
DANN, The Very Rev. Canon P. V. HACKETT, Mr. A. G. C. KING, Miss
M. E. LEWIS, The Rev. J. M. RICHARDSON, Mr. A. B. SACKETT, Mr.
S. L. TAYLOR

Special Services Sub-Committee

Chairman: Mr. Councillor E. G. HASKINS

Councillors:—S. D. CHAPPELL, Mrs. M. E. POYNTON, Mrs. E. M. WILLIAMS
Dr. A. H. ASHCROFT, Mr. R. O. H. DANN, The Very Rev. Canon P. V.
HACKETT

School Meals Sub-Committee

Chairman: Mr. Councillor R. F. EMMERSON

Councillors:—*Mrs. H. E. MILES, A. T. MORGAN, Mrs. M. E. POYNTON,
Mr. R. O. H. DANN, Mr. A. G. C. KING, The Rev. J. M. RICHARDSON.

*Non-Member of the Education Committee.

Advisory—Non-Members of the Education Committee:

Mrs. E. E. CLEMENTS, Mrs. J. WESLEY WHIMSTER, Miss W. M. KING.

STAFF OF THE SCHOOL MEDICAL SERVICE, 1954

MEDICAL

Principal School Medical Officer and Medical Officer of Health :

*B. A. Astley Weston, M.B., Ch.B., D.P.H.

Deputy Principal School Medical Officer and Deputy Medical Officer of Health :

*L. F. McWilliams, M.C., M.B., B.Ch., D.P.H. (to 20.3.54)

*N. Newman, M.B., Ch.B., D.P.H. (from 1.6.54)

School Medical Officers :

*Irene M. Leach, M.B., Ch.B., D.C.H.

*Helen M. H. Mack, M.B., Ch.B.

SPECIAL DEPARTMENTS

Child Guidance :

A. Guirdham, M.A., D.M., B.Ch., D.P.M.

K. Reeves, M.D. (Vienna)

Miss M. Phillips, Psychiatric Social Worker (part-time)

Speech :

Miss G. A. Jansson, L.C.S.T.

Dental :

G. G. Davis, L.D.S. (Principal School Dental Officer)

Miss F. L. Franks, L.D.S. (School Dental Officer)

Miss E. R. Shinkwin, B.D.S. (School Dental Officer)

School Nurses :

Miss A. M. Fuller, S.R.N., S.C.M. (Senior School Nurse) (to 13.8.54)

Mrs. D. Hales, S.R.N.

Mrs. E. M. Milsom, S.R.N.

Miss M. J. Rafferty, S.R.N., S.C.M., H.V.Cert. (from 11.10.54)

Dental Attendants :

Miss B. Bowler ; Miss E. Edmonds ; Mrs. I. K. Allen.

Clerical Staff :

Mr. K. C. Vidler (Senior Clerk) (to 18.9.54)

Mr. D. C. Clark

Miss L. Huggins (Senior Assistant Clerk)

Mrs. G. V. Nuttall

Miss M. J. Peters

Miss M. B. Wilmington

*Whole-time Medical Officers of the City Council, but part-time only for the Education Committee,

TO THE CHAIRMAN AND MEMBERS OF THE BATH EDUCATION AUTHORITY

LADIES AND GENTLEMEN,

I beg to submit my report, as Principal School Medical Officer, for the year 1954. It is again incorporated with my Report as Medical Officer of Health and with the Chief Sanitary Inspector's Report, partly for convenience but chiefly because the school child is a part, albeit a very important part of the whole population. Many sections of this report should therefore be considered with the main report, particularly with regard to Tuberculosis and other Infectious Diseases, Housing and Mental Health.

Figures alone give a partial picture only in black and white, but when colour is added by daily contact with families in their own homes it is amazing how well the majority of parents look after their families. In spite of the overcrowding that exists in many otherwise good houses, and the lack of facilities in sub-standard houses and flats, only 0.5% of those examined were found to be verminous and 1.1% only were reported as poorly nourished.

Thirty-nine per cent. of the school children were seen by a School Medical Officer during the year. As shown in the report, many special defects were found and referred for treatment to their own doctors, or through them to the hospitals; 2,718 cases of minor ailments made 4,605 attendances at the Authority's Minor Ailment Clinics. In this routine work there is evidence of the continued need for a School Medical Service.

There is, however, a gradual change taking place in the type of work done by the staff. Time has increasingly to be devoted to the physical and mental care and education of Handicapped Pupils and in this branch of our work we have the closest contact with the Teachers and Parents of the children.

As reported elsewhere, a Psychiatric Social Worker has been appointed jointly with the Mendip Hospital Management Committee. Much of her time is given to cases referred to the Child Guidance Clinic and to the instruction of parents in the mental care of children of school age. I anticipate that this preventive mental work will prove valuable.

As reported in my letter to the Mayor, we have lost from our staff a most valued member, Dr. L. F. McWilliams, who took a particular interest in the school children and was responsible for many improvements in the School Health Service, and especially the care and education of Educationally Sub-normal children. His work was very much appreciated by the parents, and I feel sure by teachers.

Miss A. M. Fuller, Senior School Nurse, retired at the end of the Summer term after a period of 30 years continuous service to the Authority. During the whole of this time Miss Fuller gave devoted services which were greatly valued by teachers, parents and her colleagues in the Department, but above all by the pupils. It is not an easy thing to deal with many of the problems which face a School Nurse and keep the affection of the children while retaining the co-operation and respect of those who

also have an interest in their education and welfare. In this Miss Fuller was pre-eminent and throughout her career was the beloved nurse rather than the official.

Mr. K. C. Vidler, Senior Clerk in the School Health Department also resigned on obtaining an appointment in the Colonial Service. During the short period he worked in Bath, Mr. Vidler did excellent work in reorganising the clerical work to meet the new conditions required by new legislation.

In place of those who have left we welcome Dr. N. Newman as Deputy Principal School Medical Officer, Miss M. J. Rafferty as a School Nurse and Mr. D. Clark who has transferred from the Health Department to work in the School Health Section.

I am, Ladies and Gentlemen,

Yours faithfully,

B. A. ASTLEY WESTON,

Principal School Medical Officer.

Bath, August, 1955.

BATH LOCAL EDUCATION AUTHORITY
PRINCIPAL SCHOOL MEDICAL OFFICER'S REPORT FOR 1954

SCHOOL POPULATION, December, 1954	...	11,333
Secondary Grammar	... ..	1,056
Secondary Technical	... ..	503
Secondary Modern and Art	... ..	2,658 (Art 130)
St. John's R.C. (un-reorganised)	... ..	344
Primary Junior	... ..	2,918
Primary Infants	... ..	1,966
Primary Junior and Infants	... ..	1,769
Day Special	... ..	119
TOTAL		11,333

LIST OF SCHOOLS IN BATH
DECEMBER, 1954

	<i>Number on Roll</i>				<i>Canteen</i>	<i>Medical</i>
	<i>Infants</i>		<i>Junior</i>		<i>C—Central</i>	<i>Room</i>
	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>O—Own</i>	<i>—M</i>
Primary (Infants only)						
Christ Church (Miss K. D. Williams)	54	30	—	—	C	—
East Twerton (Miss E. L. W. Hunt)	73	84	—	—	G	—
Fosseway (Miss M. Skidmore)	90	102	—	—	O	M
Lyncombe (Miss P. M. Hine)	77	77	—	—	C	—
Moorlands (Miss E. Wilkinson)	82	115	—	—	O	M
Oldfield (Mrs. A. Austin)	56	63	—	—	G	—
Parkside (Miss V. E. Blandford)	111	103	—	—	O	M
Southdown (Mrs. G. E. Jackson)	130	149	—	—	O	—
St. Saviour's (Miss W. M. Carey)	60	63	—	—	O	—
Walcot (Miss G. M. Godley)	44	59	—	—	C	—
Wansdyke (Miss D. E. Dunster)	30	32	—	—	O	M
Weston C. of E. (Miss H. Hinde)	53	48	—	—	G	—
Weston St. John's Inf. (Miss M. E. Sparks)	86	95	—	—	G	—

Primary (Junior Only)

Fosseway (Mr. E. G. Jerome, B.Sc. Econ.)	—	—	171	222	O	M
Harley St. Girls (Miss G. M. Meek)	—	—	226	—	C	—
Moorlands (Mr. S. L. Taylor)	—	—	150	176	O	M
Newbridge (Miss D. Alderwick)	—	—	176	180	O	M
St. Marks (Mr. R. A. S. Fenton)	—	—	125	132	C	—
St. Saviours (Mr. H. Allen)	—	—	90	195	O	—
South Twerton (Mr. R. J. Marks)	—	—	230	314	O	M
Southdown (Mr. W. G. Western, B.Sc.)	—	—	186	178	O	M
Weston C. of E. (Mr. D. A. Pike)	—	—	87	80	G	—

	Number on Roll				Canteen	Medical
	Infants Girls	Boys	Junior Girls	Boys	C—Central O—Own G—Group	Room —M
Primary (Infants and Juniors)						
Bathwick (Mr. F. W. Weeks) ...	33	32	66	81	O & C	—
St. Luke's (Mr. H. W. G. Smart)	75	69	133	139	O	M
St. Mary's (Miss K. L. Davis) ...	32	33	41	55	C	—
St. Stephen's (Mr. R. R. Broackes)	42	59	29	74	C	M
Twerton C. of E. (Miss M. E. Slade)	89	93	137	140	O	M
Widcombe (Mr. F. J. Baxter) ...	57	58	91	111	G	—
Unreorganised						
St. John's R.C. (Mr. J. H. Gilchrist, B.A.)	45	41	58	72	G	M
			SENIOR			
			Girls	Boys		
Unreorganised						
St. John's R.C. (continued)			61	67	G	M
Secondary Modern						
Oldfield Boys' (Mr. F. Castle)			—	433	O & G	—
Oldfield Girls' (Miss F. M. Blanchard) ...			536	—	O	—
Walcot (Mr. A. Thomas)			266	203	C	M
West Twerton Boys' (Mr. R. O. Dann)...			—	560	O	M
West Twerton Girls' (Miss M. A. Wray, B.A.)			530	—	O	M
Secondary Grammar						
City of Bath Boys' (Mr. L. Scott, M.A.) .			—	520	O	M
City of Bath Girls' (Miss W. M. Cook, B.Sc.)			536	—	O	M
Other Secondary						
Art Secondary (Mr. T. R. Hall, B.A.) ...			63	67	G	—
Technical Secondary (Mr. T. J. Nicholas, M.A., B.Sc.)			—	503	C	—
Day Special School for Educationally Sub-Normal Children						
			JUNIOR & SENIOR			
			Girls	Boys		
" Penn Hill " (Mrs. J. Hughes) ...			39	80	O	M

MEDICAL INSPECTION

During 1954 the following examinations were made in schools :

(a) **Routine—**

Entrants	1,006
Second age group	785
Third age group	783
	<hr/>
Total	2,574
Other periodic inspections	528
	<hr/>

Grand Total ... 3,102

The total number of routine examinations represents 27% of children on school registers.

Routine medical inspection of school children continues to prove its worth by the finding of defects which would not normally be apparent to parents until a later stage when treatment would have to be more prolonged and intensive.

Excellent co-operation is still maintained in this respect with head teachers and family doctors.

In accordance with the National Health Service regulations the private doctor is always informed of any case requiring treatment and has the option of either treating the child himself or placing the case in the care of the School Medical Officer for reference to one of the specialised clinics.

(b) **Other Inspections**

Specials	...	...	...	...	...	...	688
Re-inspections	...	...	...	...	...	...	677
Total							1,365

Thus a total of 4,467 examinations were made in schools, Doctors' Clinics held on school premises and at the School Health Department.

Among the Special Inspections are included examinations for certain purposes, as follows :

Infectious Disease	...	...	...	...	...	10
Certification of Fitness for part-time Employment	...	...	...	...	...	164
Home Office " Boarding Out " exams.	...	...	...	...	...	116
Prior to Orthopaedic In-patient treatment	...	...	...	...	...	1
Certification as " Handicapped " Pupils	...	...	...	...	...	76
Prior to admission or return to Residential Schools	...	...	...	...	...	16

As requested in Ministry of Education Administrative Memorandum No. 342 of 31.10.49, the following are the addresses of the principal school clinics. Particulars relating to the clinic sessions held are to be found on page 39 of the main report.

Bluecoat House, Sawclose, Bath.
Moorlands Infants' School, Moorfields Road, Bath.
Fosseway Infants' and Junior School, Frome Road, Bath.
St. Luke's, Frome Road, Bath.
Wansdyke Infants', Glasshouse Lane, Bath.
City of Bath Boys' School, Beechen Cliff, Bath.
Southdown Junior, Mount Road, Bath.

FINDINGS AND TREATMENT

Nutrition

The criteria on which nutrition is judged by individual Medical Inspectors vary, but in general they are the child's physical and mental alertness, colour and condition of the skin and muscles. All these are considered in relation to weight and height, but too much emphasis should not be laid on the latter, which vary considerably with the child's hereditary and racial characteristics. The figures given in the following

table must, therefore, be read only as an indication of the local state of nutrition, and must only be compared with those of other areas with considerable reserve.

Classification of the General Condition of Pupils Inspected during the Year In the Age Groups

Age Groups	Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1) Entrants	(2) 1,006	(3) 609	(4) 60.5	(5) 379	(6) 37.8	(7) 18	(8) 1.8
Second Age Group	785	439	55.9	338	43.1	8	1.0
Third Age Group	783	340	43.4	438	56.0	5	0.7
Other Periodic Inspections	528	276	52.3	249	47.2	3	0.6
Total	3,102	1,664	53.6	1,404	45.3	34	1.1

Cleanliness

Regular inspections are carried out by the Nurses in each school with the object of detecting and cleansing the small number of children still found to be verminous. During 1954 the Nurses made 451 visits during which 25,498 examinations were made and 51 children were found to be verminous. Cleansing material was supplied, and in nearly every case the parents effected the cure, but in a small number of the worst cases of infection the Nurses themselves carried out intensive cleansing measures. It was not found necessary to issue formal Cleansing Notices under Section 54 of the Education Act, 1944, or Cleansing Orders.

This figure indicates that about 0.5% of school children were found to be verminous. There is a "hard core." of problem families which is probably the continuous source of these infestations. Attention is being given to these constant offenders in an effort to clean up the whole family and surroundings. When necessary the School Nurse co-operates directly with the District Sanitary Inspector and their combined effort often effects satisfactory response.

Minor Ailments

There are now seven Minor Ailment Clinics functioning in Bath schools, together with the central clinic at Bluecoat House, attended by a nurse weekly and doctor at least once a fortnight. A great variety of conditions is dealt with on the request of the parents, teachers or School Nurse, and some cases are referred by general practitioners, the Children's Officer or by other official and voluntary organisations.

The following table is a record of the cases treated by the Authority during the year.

Minor Ailments

*Number of cases treated
or under treatment dur-
ing the year*

(A)				
Skin—Ringworm—Scalp	...	...	...	—
Ringworm—Body	...	...	...	1
Scabies	...	...	...	2
Impetigo	...	...	...	31
Other skin diseases	...	...	...	258
Eye Disease	...	...	...	58
(External and other, but excluding errors of refraction, squint and cases admitted to hospital)				
Ear, Nose and Throat defects	...	...	...	14
Miscellaneous	...	...	...	804
(e.g., Minor injuries, bruises, sores, chilblains)				
Total				1,168
(B)				
Total number of attendances at Authority's minor ailment clinics.				
Doctors' Clinics				1,917
Nurses' Clinics				1,867

Skin Diseases

In 1953 the number of cases of Impetigo treated was 93 ; in 1954 this figure had decreased to 31. Two cases of scabies were treated by the authority.

Visual Defects

During 1954, 843 cases of refractive error and squint were called to the Eye Infirmary for treatment and in 467 cases spectacles were prescribed. At the end of the year all of these had received their spectacles.

In addition to errors of refraction and squint 134 other defects or diseases of the eye were found and treated either at the Minor Ailment clinics, or referred to the Eye Infirmary.

Nose and Throat Defects

During the year 119 defects of the nose and throat were ascertained, and 136 were operated on for removal of unhealthy tonsils and adenoids, and 55 for other conditions. There is, however, still a waiting list for tonsil and adenoid operations. Again it was fortunate that during 1954 it was not found necessary to advise prohibition of tonsil and adenoid operations on account of poliomyelitis. An arrangement was, however, instituted whereby the hospitals would check with the Health Dept. that all admissions for such operations had not been in contact with the disease so far as was known.

Ear Defects

The same organisation is available for defects of the ears as for throat and nose defects. Thirty-three children were referred for treatment and

observation of defective hearing, otitis media or other defects at medical inspection, 14 defects were dealt with at the Minor Ailment Clinic, and 52 were referred for treatment to the specialist clinics. Special reference is made to deafness under the Section dealing with handicapped pupils.

The work at Minor Ailment Clinics has changed during the last decade. The policy of replacing the daily central clinic at Bluecoat House by clinics held in schools has reduced the loss of educational time to a minimum, obviated the dangerous journey through the City to a central clinic, and abolished the undesirable overcrowding in the waiting room. There has also been a change in the type of case attending. In 1944, 1,024 children made 4,660 attendances, of which number 544 came because of impetigo, and 190 for treatment of scabies. In 1954, 1,168 children made 2,872 attendances, but only 31 for impetigo, and two because of scabies.

A larger number of children attend minor ailment clinics because of minor injuries, bruises, etc., and because of minor defects of the ear. That the decrease in contagious skin conditions is due to improved standards of hygiene is confirmed by the fact that in 1944 approximately 5% of the school children were found to be verminous, but in 1954 the number was reduced to 0.5%.

Another factor in the changes which have taken place is the free medical attention by the family doctor under the National Health Service Act. While this provision has rightly reduced the number of consultations because of more serious constitutional disorders, it is interesting to note that the total number of children coming to the School Clinics has increased. We are thus encouraged in the opinion that there is still need for a medical service specifically for school children.

Orthopaedic and Postural Defects

The Orthopaedic Clinic is a Regional Hospital Board responsibility, but we continue to work closely together. A Surgeon's Clinic is held on average twice monthly at Bluecoat House, at which a surgeon from the Orthopaedic Hospital attends with an After-Care Sister. An After-Care Clinic is held twice weekly, at which the After-Care Sister is able to carry out treatment ordered and supervise appliances. The clerical work of the Orthopaedic Clinics is done by the staff of the School Health Department, and much valuable and indispensable voluntary help is given in the clinics by members of the British Red Cross Society.

During 1954 the following work was done :

Surgeon's Sessions...	...	...	...	...	22
After-Care Sessions (4 per week)	...	...	...	...	145
No. of new cases (excluding infants)	...	...	...	...	99
No. of old cases (continuing)	...	...	...	...	420
Total attendances	...	...	...	...	1,474
Attendances at Massage Clinic	...	...	...	...	237
(Orthopaedic Hospital)					
Cases treated by Physiotherapist	...	...	...	...	19
Admitted to the Orthopaedic Hospital :					
Poliomyelitis (rehabilitation)	...	...	...	...	5
Suspected Tuberculosis	...	...	...	...	1

Spastic paraplegia	...	...	...	...	...	2
Congenital deformities	...	...	...	...	...	4
Others	...	...	...	...	...	7
Fractures and Injuries, except burns	...	...	...	...	...	13
Spinal Conditions	...	...	...	...	...	5
Hip Conditions	...	...	...	...	...	6
Foot Deformities (excluding Talipes)	...	...	...	...	...	11
Osteomyelitis	...	...	...	...	...	4
Total						58

The Orthopaedic Hospital is recognised as a Special School by the Ministry of Education. All children admitted can thus continue their education within the limits of their physical ability. As many children with orthopaedic defects require to stay in hospital for many months, and even years, this continued education is of the greatest value. During the year 56 children received education during their stay in orthopaedic and other hospitals.

CHILD GUIDANCE CLINIC

This clinic is under the control of Dr. A. Guirdham and two half-day sessions per week are held in the School Health Department, Sawclose, at which he is assisted by Dr. K. Reeves.

Miss M. Phillips joined the clinic staff as part-time Psychiatric Social Worker in October. Her services are already proving invaluable. In addition to her attendance at the clinic she provides the personal contact with the parent and child in the home, an essential factor in the maintenance of mental health.

Cases of minor problems are dealt with by School Medical Officers, and only those requiring expert guidance are referred to the Special Clinic. There is a great volume of simple child guidance done in the ordinary school clinics, and it is to be hoped that this will continue in order that the normal child with an abnormality of behaviour or conduct may not become labelled in his own mind or in the eyes of others as a problem child.

Ascertainment is thus achieved by reference in the first place by parent, teacher, probation officers and school nurses, N.S.P.C.C., Children's Officer, welfare officers and voluntary agencies concerned with children, but reference to the specialist is through the School Health Department or general practitioner direct.

During 1954, 65 sessions were held at which 36 new cases and 75 continuing cases made 229 attendances.

HANDICAPPED PUPILS

The examination of children who may be considered to be handicapped pupils, forms a major part of the School Medical Officer's work. Each case is given careful consideration in the light of reports from Teachers, Nurses and Welfare Officers. Information from the family doctor, hospitals and other persons who have knowledge of the case are studied. In each case the parent is interviewed, and the home circumstances are considered before a recommendation is made to the Special Services Committee. All the School Medical Officers have been approved by the Ministry of Education for the examination and certification of handicapped pupils, and an additional safeguard is made on the recommendation of the School Medical Officer, in that each case is checked by the Principal School Medical Officer or his Deputy. The principle on which both doctors and nurses make their recommendation is that certification of this nature is a major factor in the child's life, and cannot be made without very careful consideration of all the facts and circumstances.

Specific efforts are made to ensure that parents are fully aware of the degree of handicap and of the facilities provided for the child under the Education Act.

(A) The following Handicapped Pupils have been placed in Special Day or Residential Schools during the year by Bath Local Education Authority :

Blind	...	...	...	...	...	...	...	1
Partially Sighted	...	...	...	...	...	...	...	1
Physically Handicapped			...	...	...	...	...	2
Educationally Sub-normal			...	...	...	...	...	24
Maladjusted	...	...	...	...	...	...	...	1
						Total	...	<hr/> 29

(B) Among new Handicapped Pupils ascertained the following were recommended for education in special schools :

Partially Sighted	...	...	...	...	...	...	1
Deaf	...	...	...	...	...	...	1
Delicate	...	...	...	...	...	...	1
Physically Handicapped			...	...	...	...	2
Educationally Sub-normal			...	...	...	...	26
Maladjusted	...	...	...	...	...	...	1
					Total	...	32

(C) The following table shows the overall numbers and disposition of Handicapped Pupils as on 1st December, 1954.

<i>Category</i>	<i>In Spec. Schools</i>		<i>Indep'ndent Schools (under L.E.A. arrangements)</i>	<i>In Hospital.</i>	<i>Having Home Tuition</i>	<i>At Home</i>	<i>Attending Ordinary Schools</i>	<i>Total</i>
	<i>Day</i>	<i>Resid.</i>						
Blind	—	1	—	—	—	—	—	1
Partially Sighted	—	2	—	—	—	—	1	3
Deaf	—	—	6	—	—	2	—	8
Partially Deaf	—	—	—	—	—	—	1	1
Delicate	—	—	—	—	—	—	3	3
Physically Handicapped	—	—	5	1	2	4	15	27
Educationally Sub-normal	119	2	—	—	1	—	53	175
Maladjusted	1	2	—	—	—	—	4	7
Epileptic	—	—	—	—	—	—	1	1
Total	120	7	11	1	3	6	78	226

The school population is 11,333. With such a number it is only possible to make special educational provision for those classified as sub-normal. The remainder we try to place in the residential special schools provided by the larger authorities and voluntary organisations. Once a child is certified by the School Medical Officer as falling within the category of handicapped pupil the expense of sending and maintaining it at a special residential school is borne entirely by the Local Education Authority, and the total sum expended during the financial year ending 31st March, 1954, under this section was approximately £4,117 (£704 of which was paid for education in hospital schools). A further sum of £340 was expended on the provision of home tuition.

Blind and Partially Sighted

There is one Blind child of school age in Bath, who attends the Royal School of Industry for the Blind, Bristol. Two Partially Sighted children are in Exhall Grange, Warwick, and another attends an independent day school,

Deaf and Partially Hearing

There are four Deaf children in the Royal West of England School for the Deaf, Exeter, and two awaiting admission. One Deaf child attends Hamilton Lodge School, Brighton, and one is in the Royal School for the Deaf and Dumb, Margate. One Partially Hearing child attends an ordinary school.

Delicate

There are three Delicate children attending ordinary schools.

Physically Handicapped

Children in this category are accommodated at the following residential schools, one in each establishment :

Shaftesbury Society, The Victoria Home, Bournemouth.

The Thomas More School, Frensham, Surrey.

Dr. Barnado's, John Capel Hanbury Hospital Home, Woodford Bridge, Essex.

Winterbourne Boarding School, Bristol.

One Child attends a private day school in Bath, and two children receive Home Tuition.

One child is at the Pro Juventute Sanatorium, Davos, in Switzerland, by arrangement with the National Association for the Prevention of Tuberculosis.

Educationally Sub-normal

There are 119 children attending the Day Special School at " Penn." There is only one child at a residential school and one is receiving Home Tuition.

Maladjusted

Two children are accommodated at the St. Francis Residential School, Birmingham.

Epileptic

There is only one child certified as Epileptic and he attends an ordinary school.

Speech Defects

There are no children with defects gross enough to warrant statutory classification as " handicapped." For milder degrees of this condition, see report under " Speech Defects " on page 102.

SCHOOL NURSES AND FOLLOW-UP

The City has been divided up into areas and the Health Visitors, in their capacity as School Nurses, are responsible for the schools in their health-visiting districts for the most part. Full-time School Nurses are mainly engaged with the central portion of the city and the senior schools of the Local Authority.

Three full-time School Nurses and nine Health Visitors, giving part of their time to School Health work, are engaged in attending at School Medical Inspection, at the Minor Ailment Clinics, in cleanliness inspections and in following up cases in the homes. A total of 1,400 visits to schools and 1,331 follow-up visits to schoolchildren's homes in connection with cleanliness and other matters were made.

SPEECH CLINIC

Number of sessions	...	...	...	...	...	178
Children attended—Boys	68					
Girls	21	...	...	...	...	89
Total attendances	...	...	...	...	...	695
Children discharged	...	...	...	...	...	14
Ceased to attend	...	...	...	...	...	3
Conditions for which treatment was given :						
				<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Stammer	...	...	...	19	5	24
Delayed Speech	...	...	...	10	2	12
Defective articulation :						
(a) Lisp	...	...	...	9	7	16
(b) Cleft Palate Speech	...	...	...	3	0	3
(c) Other Organic Conditions	...	...	...	3	0	3
(d) Various Non-organic Causes	...	...	...	24	7	31

Miss G. A. Jansson, L.C.S.T., Speech Therapist, has kindly supplied the following observations :

The proportion of different complaints remains fairly constant, except with cleft palate speech which tends to decrease. Two cases successfully operated upon in early childhood will probably need no treatment. They are under observation for the present.

An increasing interest in the acquirement of clear and acceptable speech sometimes leads to pressure on the very young child which may have bad effects on the child and no good ones on the speech. This anxiety for improvement also may apply to rather older lispers, some of whom only respond satisfactorily to a complete ignoring of the condition.

One quite unco-operative boy of seven, with unintelligible speech, and whose attainments appeared to be far below his chronological age was referred for treatment. After seven months of fairly regular treatment he became co-operative and made considerable improvement in speech, but does not appear to be ready yet to respond satisfactorily to an intelligence test.

An intelligent little girl of six whose slight articulation difficulty appeared to be associated with symptoms of emotional instability was referred to the Psychiatric Social Worker.

In the majority of cases there is co-operation from home, though there is difficulty sometime when the mother goes out to work. Occasionally treatment is refused.

INFECTIOUS DISEASES

Notifiable infectious illness has remained at a low level during the year, and in no case has it been necessary to close schools.

Scarlet Fever

Forty-six cases were notified in children of all ages. They were mostly of a mild type, and a large majority were nursed at home.

Diphtheria

For the first year on record, there were no cases of this disease.

IMMUNISATION against Diphtheria is carried out at regular weekly sessions in infant welfare centres, in individual schools and by general practitioners. Reinforcing doses are given as required and there is no discrimination at these clinics between children of school age or under school age. The greatest co-operation has been given by the teachers. Periodic Press and cinema propaganda is arranged by the Health Committee. During 1954, 93 children between 5-15 years received immunising doses of either A.P.T. or T.A.F. as necessary, and 1,040 under 5 years. In addition, 596 children received reinforcing injections. It is estimated that of the child population under 15, 70.6% have been protected, but 26.2% were immunised more than five years ago.

It is reasonably certain that the practice of systematic immunisation of children under 15 years of age is responsible for the effective control of this disease.

To be reasonably sure that an epidemic will not occur again, at least 75% of the child population under 15 should be protected. The present level of 70.6% is therefore below the safety mark, but is an increase on the previous year.

Tuberculosis—Mass Radiography

It was not possible to arrange a special survey for senior pupils and students during 1954, but this was carried out early in 1955.

169 scholars and school staff attended during the period of the survey for the general public in Bath, of whom 7 were recalled for large films, and of these 4 were normal, and 3 revealed conditions which were not tuberculous.

The teaching and catering staff of the Local Authority's Schools are encouraged to attend for X-ray when the Unit is in Bath, and all new appointments are examined by X-ray to exclude tuberculosis.

B.C.G. vaccination is offered to school children who are contacts of known cases of pulmonary tuberculosis. This work is carried out under the direction of the Chest Physician.

Measles and Whooping Cough

These diseases have caused more anxiety than scarlet fever or diphtheria, though with modern methods of treatment the severe complication of pneumonia is more easy to deal with.

Apart, however, from immediate complications a large number of children who contract these diseases are rendered delicate for many years of their childhood as a result of an attack during infancy. Protection against whooping cough by means of the new Suspended Vaccine and the combined Diphtheria Whooping Cough Vaccine is now being offered.

Acute Poliomyelitis

There was no major outbreak of this disease. During 1954, 7 cases of Acute Poliomyelitis were notified, 4 of them school children. There were no deaths.

SCHOOL MILK AND MEALS

Milk is available to every child attending school. During 1954, 8,669 one-third pints were supplied daily on average. All milk supplied is pasteurised, and comes from suppliers who have consistently shown satisfactory samples as recorded by tests applied through the Sanitary Department. Provision is also made for the supply of milk to handicapped pupils who are receiving home tuition.

A school meal is now provided in every school either from the school's own kitchen, the central canteen or group canteen as shown on pages 92 and 93. The School Meals Organisation is responsible for ensuring that the menu supplied is both attractive, well-balanced and nourishing.

ULTRA-VIOLET RAY TREATMENT

By arrangement with the Spa Committee children receive Ultra-Violet Ray Treatment at the Bathing Establishment during autumn, winter and the spring months when natural sunlight is insufficient. Cases are referred for this treatment on the recommendation of the School Medical Officers, or, of General Practitioners with the approval of the School Medical Officer.

Treatment was given to 2 children at this clinic.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER, 1954

An efficient School Dental Service has been maintained throughout the year and there have been no major deficiencies such as some authorities have experienced through great shortage of, or in some cases, complete lack of staff. By agreement with the Health Committee, the resources of the School Dental Service are available for expectant and nursing mothers and pre-school children.

At the beginning of the year we were fortunate in obtaining the services of a third dental officer. Miss Elizabeth Shinkwin, a graduate of Cork, commenced work in January and has proved a valuable addition to the Staff.

The general dental condition of the children has not appreciably improved and it is distressing to see many first permanent molars either unsavable or requiring conservation within almost a year of eruption.

Dental Inspections

The number of inspections carried out at the schools rose to 4,715, but this still means taking at least two years to complete the whole school population. It is not possible to refer for treatment every child having defects in the temporary dentition, and a policy has to be adopted in which the elimination of sepsis and the relief of pain are the primary considerations.

Dental Treatment

The total number of fillings inserted, i.e., fillings in both permanent and temporary dentition shows an increase, 2,820 as compared to 1,531 in the previous year. The number of extractions of both permanent and temporary increased slightly but that is accounted for by the increase in staff and the increased number of anaesthetic sessions given by the consultants.

Orthodontics and Dentures

Quite a considerable amount of orthodontic work has been done this year, each dental officer being responsible for the treatment of her or his own cases. The number of dentures fitted was about the same and they were mostly occasioned by accidents to front teeth whilst at play.

Anaesthetics

The specialist anaesthetists, Drs. Beddard and Northover, have continued work on a sessional basis. They are especially valuable in the treatment of very small children, as it is found that in these cases vinylene is a much more satisfactory anaesthetic.

X-ray Examinations

Full use has been made of the X-ray unit, and 156 films have been taken.

Hospital Facilities

Admissions to Hospital when necessitated were helped by the appointment during the year of a dental registrar.

The following figures relate to Dental Inspection and treatment during the year :—

Dental Inspections

During the year, 4,715 children were inspected at the schools and 1,572 special inspections were done at the Clinic.

Dental Treatment

2,844 children made 10,583 attendances for treatment. The number of permanent teeth extracted shows a welcome decrease.

The policy of filling the permanent dentition at the expense of the temporary dentition has been a matter of expedience.

1.	Number of children inspected :						
	(a) Periodic	...	...	...	...	...	4,715
	(b) Specials	...	...	...	...	...	1,572
					Total (1)	...	6,287
2.	Number found to require treatment	...	...	...	...	...	5,111
3.	Number referred for treatment	...	...	...	...	...	4,223
4.	Number actually treated	...	...	...	...	...	2,844
5.	Attendances made for treatment	...	...	...	...	...	10,583
6.	Half days devoted to :						
	(a) Inspection	...	...	...	...	...	31
	(b) Treatment	...	...	...	...	...	1,238
					Total	...	1,269
7.	Fillings :						
	Permanent Teeth	...	...	...	...	...	2,195
	Temporary Teeth	...	...	...	...	...	480
					Total	...	2,675
8.	Extractions :						
	Permanent Teeth	...	...	...	...	...	673
	Temporary Teeth	...	...	...	...	...	1,919
							2,592
	Administration of general anaesthetics	...	...	...	...	...	1,747
	Orthodontic appliances fitted :						
	(a) Removable	...	...	...	...	...	128
	(b) Fixed	...	...	...	...	...	4
	Number of dentures fitted	35
	Number of X-rays taken	156
	Other operations	4,871

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